
State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Filing at a Glance

Company:	All Savers Insurance Company
Product Name:	CO ASI 2014 Product
State:	Colorado
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005C Individual - Other
Filing Type:	Rate
Date Submitted:	05/09/2013
SERFF Tr Num:	AMMS-128988457
SERFF Status:	Closed-Filed
State Tr Num:	277948
State Status:	Filed
Co Tr Num:	CO 137
Implementation	01/01/2014
Date Requested:	
Author(s):	Patricia Lofton, Tammy Van Haren, Michelle Peters, James Shallow, Lindsay Fisher, Heather Kauffman, Matthew Genal, Matt Genal, Debra Rowe, Sonida Somaly Rawles
Reviewer(s):	Cathy Gilliland (primary), Nichole Boggess, Michael Muldoon, Rachel Plummer, Amy Filler
Disposition Date:	08/01/2013
Disposition Status:	Filed
Implementation Date:	01/01/2014
State Filing Description:	
Binder Filing #:	AMMS-CO14-125001265

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

General Information

Project Name: CO ASI 2014 Product
Project Number: CO 137
Requested Filing Mode: File & Use
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Lindsay Fisher

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 08/01/2013
State Status Changed: 07/31/2013
Created By: Lindsay Fisher
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null
Exchange Intentions:

These are new policy forms expected to be sold in the Colorado Health Benefit Exchange (COHBE) on or after October 1, 2013, for effective dates January 1, 2014 and later.

Filing Description:

Following is a rate filing prepared by All Savers Insurance Company. This filing is intended solely for the information of and use by your state's insurance department. It has been prepared according to Colorado Insurance Regulation 4-2-11 §6, as well as more recent guidance from the Colorado Division of Insurance. This filing will demonstrate compliance with Colorado laws and regulations and is not intended to be used for any other purpose.

The purpose of this rate filing is to file our initial rates for a true individual product to be made available through the Colorado Health Benefit Exchange (COHBE).

State Narrative:

Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014 This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA). On Exchange Only Plans Platinum: 1 plan Gold: 2 plans Silver: 3 plans Bronze: 2 plans Catastrophic: 1 plan

Company and Contact

Filing Contact Information

Michelle Peters, Associate Director	michelle_peters@goldenrule.com
Actuarial Services	
3100 AMS Boulevard	920-661-1252 [Phone]
Green Bay, WI 54313	920-661-9855 [FAX]

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Filing Company Information

All Savers Insurance Company	CoCode: 82406	State of Domicile: Indiana
7440 Woodland Drive	Group Code: 707	Company Type: Life and
Indianapolis, IN 46278	Group Name:	Health
(800) 926-7602 ext. [Phone]	FEIN Number: 35-1665915	State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page. Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 850 Individual, 645 Non-Grandfathered PPACA

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/01/2013	08/01/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Amy Filler	07/23/2013	07/23/2013
Pending Industry Response	Michael Muldoon	07/17/2013	07/17/2013
Pending Industry Response	Nichole Boggess	07/03/2013	07/03/2013
Pending Industry Response	Cathy Gilliland	06/27/2013	06/27/2013
Pending Industry Response	Rachel Plummer	06/06/2013	06/06/2013
Pending Industry Response	Rachel Plummer	06/04/2013	06/04/2013
Pending Industry Response	Cathy Gilliland	05/29/2013	05/29/2013

Response Letters

Responded By	Created On	Date Submitted
Lindsay Fisher	07/24/2013	07/24/2013
Lindsay Fisher	07/19/2013	07/19/2013
Lindsay Fisher	07/09/2013	07/09/2013
Lindsay Fisher	06/28/2013	06/28/2013
Lindsay Fisher	06/06/2013	06/06/2013
Lindsay Fisher	06/04/2013	06/04/2013
Matt Genal	05/30/2013	05/30/2013

State: Colorado Filing Company: All Savers Insurance Company
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
 Product Name: CO ASI 2014 Product
 Project Name/Number: CO ASI 2014 Product/CO 137

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rachel Plummer	05/28/2013	05/28/2013
Pending Industry Response	Cathy Gilliland	05/28/2013	05/28/2013
Pending Industry Response	Cathy Gilliland	05/28/2013	05/28/2013
Pending Industry Response	Cathy Gilliland	05/15/2013	05/15/2013
Pending Industry Response	Cathy Gilliland	05/15/2013	05/15/2013
Pending Industry Response	Cathy Gilliland	05/14/2013	05/14/2013

Response Letters

Responded By	Created On	Date Submitted
Lindsay Fisher	06/04/2013	06/04/2013
Lindsay Fisher	06/04/2013	06/04/2013
Lindsay Fisher	06/04/2013	06/04/2013
Lindsay Fisher	05/16/2013	05/16/2013
Lindsay Fisher	05/23/2013	05/23/2013
Lindsay Fisher	05/14/2013	05/14/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	July 3, 2013 Response Letter	Lindsay Fisher	07/03/2013	07/03/2013
Form	Policy Face Page	Lindsay Fisher	06/20/2013	06/20/2013
Form	Policy Inside Pages	Lindsay Fisher	06/20/2013	06/20/2013
Form	N/A Removed	Lindsay Fisher	06/20/2013	06/20/2013

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	N/A Removed	Lindsay Fisher	06/20/2013	06/20/2013
Form	N/A Removed	Lindsay Fisher	06/20/2013	06/20/2013
Form	Policy Face Page	Lindsay Fisher	06/20/2013	06/20/2013
Form	Policy Face Page	Lindsay Fisher	06/20/2013	06/20/2013
Form	Policy Inside Pages	Lindsay Fisher	06/20/2013	06/20/2013
Form	Policy Inside Pages	Lindsay Fisher	06/20/2013	06/20/2013
Supporting Document	Forms List	Lindsay Fisher	06/20/2013	06/20/2013
Supporting Document	Rate Sample	Lindsay Fisher	06/04/2013	06/04/2013
Supporting Document	Colorado Rate Sample Template	Lindsay Fisher	06/04/2013	06/04/2013
Rate	Rate Manual	Lindsay Fisher	05/20/2013	05/20/2013
Supporting Document	Supporting Confidential Data	Lindsay Fisher	05/09/2013	05/09/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Consumer Retention Exhibit	Note To Reviewer	Lindsay Fisher	07/17/2013	07/17/2013
Please disregard the SERFF Amendment submitted earlier today, June 20, 2013.	Note To Reviewer	Lindsay Fisher	06/20/2013	06/20/2013
objection 3	Note To Filer	Cathy Gilliland	05/16/2013	

SERFF Tracking #:	AMMS-128988457	State Tracking #:	277948	Company Tracking #:	CO 137
State:	Colorado	Filing Company:	All Savers Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	CO ASI 2014 Product				
Project Name/Number:	CO ASI 2014 Product/CO 137				

Disposition

Disposition Date: 08/01/2013

Implementation Date: 01/01/2014

Status: Filed

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment: State Tracking #277948

Company: All Savers Insurance Company

Product Line: Individual PPO

Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014 This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

On Exchange Only Plans

Platinum: 1 plan

Gold: 2 plans

Silver: 3 plans

Bronze: 2 plans

Catastrophic: 1 plan

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments. Plan 92137CO0020003 has been rejected.

See attached document for more information on this filing.

Company	Company	Overall %	Overall %	Written	# of Policy	Written	Maximum %	Minimum %
Name:	Rate	Indicated	Rate	Premium	Holders Affected	Premium for	Change	Change
	Change:	Change:	Impact:	Change for	for this Program:	this Program:	(where req'd):	(where req'd):
				this Program:				

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

All Savers Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
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Percent Change Approved:

Minimum: 0.000%

Maximum: 0.000%

Weighted Average: 0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document	Consumer Disclosure Form		Yes
Supporting Document (revised)	Actuarial Memorandum and Certifications		Yes
Supporting Document (revised)	Unified Rate Review Template		Yes
Supporting Document	Cover Letter		Yes
Supporting Document (revised)	Confidentiality Index		Yes
Supporting Document (revised)	CO Actuarial Memorandum (Reg 4-2-11)		Yes
Supporting Document (revised)	Supporting Confidential Data		No
Supporting Document (revised)	Rate Sample		Yes
Supporting Document	Unique Plan - HSA Plan Bronze		Yes
Supporting Document (revised)	Forms List		Yes
Supporting Document	Forms List		Yes
Supporting Document	Forms List		Yes
Supporting Document	Colorado Trade Secrets Response		Yes
Supporting Document	PPACA Uniform Compliance Survey		Yes
Supporting Document (revised)	Colorado Rate Sample Template		Yes
Supporting Document	CO Trend Exhibit - CONFIDENTIAL HANDLING REQUESTED		No

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Confidentiality Index		Yes
Supporting Document	CO Actuarial Memorandum (Reg 4-2-11)		Yes
Supporting Document	CO Actuarial Memorandum (Reg 4-2-11)		Yes
Supporting Document	Supporting Confidential Data		No
Supporting Document	Supporting Confidential Data		No
Supporting Document	Rate Sample		Yes
Supporting Document	Colorado Rate Sample Template		Yes
Supporting Document	July 3, 2013 Response Letter		Yes
Supporting Document	Consumer Retention Exhibit		Yes
Form (revised)	Policy Face Page		Yes
Form	Policy Face Page		Yes
Form	Policy Face Page		Yes
Form (revised)	Policy Form for Copay Platinum		Yes
Form	Policy Inside Pages		Yes
Form	Policy Inside Pages		Yes
Form	Data Page Copay Platinum		Yes
Form	Data Page Gold B		Yes
Form	Data Page Gold C		Yes
Form	Data Page HSA Silver		Yes
Form	Data Page Silver A		Yes

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Data Page Silver C		Yes
Form	Data Page HSA Bronze		Yes
Form	Data Page Copay Bronze		Yes
Form	Data Page Catastrophic		Yes
Form	Data Page CSR HSA Silver 1		Yes
Form	Data Page CSR HSA Silver 2		Yes
Form (revised)	Data Page CSR HSA Silver 3		Yes
Form	Data Page CSR HSA Silver 2		Yes
Form	Data Page CSR Silver A1		Yes
Form	Data Page CSR Silver A2		Yes
Form	Data Page CSR Silver A3		Yes
Form	Data Page CSR Silver C1		Yes
Form	Data Page CSR Silver C2		Yes
Form	Data Page CSR Silver C3		Yes
Form	Data Page Native American No Cost Sharing		Yes
Form (revised)	N/A Removed		Yes
Form	Outpatient Prescription Drug Expense Benefits Rider		Yes
Form (revised)	N/A Removed		Yes
Form	Pediatric Dental Rider		Yes
Form (revised)	N/A Removed		Yes
Form	Pediatric Vision Rider		Yes
Form (revised)	Policy Form for HSA Silver		Yes
Form	Policy Face Page		Yes

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	Policy Form for Copay Gold B		Yes
Form	Policy Face Page		Yes
Form (revised)	Policy Form for HSA Bronze		Yes
Form	Policy Inside Pages		Yes
Form (revised)	Policy Form for Catastrophic		Yes
Form	Policy Inside Pages		Yes
Form	Policy Form for Copay Gold C		Yes
Form	Policy Form for Copay Silver A		Yes
Form	Policy Form for Copay Silver C		Yes
Form	Policy Form for Copay Bronze		Yes
Rate (revised)	Rate Manual		Yes
Rate	Rate Manual		Yes
Rate	Rate Manual		Yes

Final Disposition Letter

State Tracking #277948
Company: All Savers Insurance Company
Product Line: Individual PPO

Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014
This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

On Exchange Only Plans

Platinum: 1 plan
Gold: 2 plans
Silver: 3 plans
Bronze: 2 plans
Catastrophic: 1 plan

Rate Methodology

Experience Used for Rate Setting: All Savers is a subsidiary of UnitedHealthcare (UHC). They used UHC SG data in Colorado.

2012 Experience Period Loss Ratio: 79.0% based on an average of 73,955 enrolled members with \$334.3 Million in premiums (\$376.74 pmpm).

Annual Health Cost Trends: 9.1%. This is a 7.5% medical trend with a 1.6% leveraged trend assumption.

Risk Adjustment: 0% (no payments expected from the federal Risk Adjustment Program in 2014).

Reinsurance Recoveries: -11.8% (payments expected from the federal Reinsurance Program in 2014).

Smoking Factor: 15% higher rates for smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Colorado 2014 Overall Average Premium: \$334.82

* Federal Reported 2014 Comparable Average Premium: \$434.90

* This is reported on the issuer's CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Final Disposition Letter

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total average premium retention is 22.7% shown as follows:

		% of Premium
<u>Issuer Primary Expense and Profit Retention</u>		<u>Retained</u>
	Administrative Expenses:	7.00%
	Commissions:	2.50%
	Profit and Contingencies After Taxes:	4.00%
	FIT - Federal Income Taxes:	2.90%
	Investment Income:	0.00%
(A)	Total:	16.40%
<u>Retention for Additional Required Taxes, Fees and Assessments</u>		
	PPACA Health Insurer Fee:	1.50%
	PPACA Reinsurance Fee:	1.20%
	Exchange user fees:	1.40%
	Premium Taxes:	2.00%
	State Income Taxes:	0.00%
	Other Fees, Assessments, Taxes:	0.00%
(B)	Total:	6.10%
<u>Additional Allowed for QI & Member Welfare Section</u>		
	Quality Improvement:	0.20%
	Community Charitable:	
	IT for ICD-10 Conversion (max allowed 0.3%):	
(C)	Total:	0.20%
(D)	Total Premium Retention For All Purposes (A + B + C):	22.70%
(E)	Colorado Conventional Loss Ratio (100% - D):	77.30%
Simplified Federal MLR Loss Ratio Basis: (E + C) / (100% - B - FIT):		85.16%

Sample of Final Premium Levels

	Denver				Pueblo			
	21 Year Old		64 Year Old		21 Year Old		64 Year Old	
	LOW	High	Low	High	Low	High	Low	High
Platinum	\$416.17	\$416.17	\$1,248.51	\$1,248.51	\$410.28	\$410.28	\$1,230.84	\$1,230.84
Gold	\$337.79	\$349.47	\$1,013.37	\$1,048.41	\$333.01	\$344.52	\$999.03	\$1,033.56
Silver	\$297.84	\$307.36	\$893.52	\$922.08	\$293.62	\$303.01	\$880.86	\$909.03
Bronze	\$261.26	\$284.93	\$783.78	\$854.79	\$257.56	\$280.89	\$772.68	\$842.67
Catastrophic	\$255.11	\$255.11	\$765.33	\$765.33	\$251.50	\$251.50	\$754.50	\$754.50

Division Objections and Rate Changes During the Review Process

The Division objected to the high profit levels of 11.5% and additional margins built into the original proposed rates. All Savers reduced profit loads to 6.9% pre-tax, and 4.5% after tax, and also brought their margin for morbidity down by 5%.

The Division objected to adjusted area factors for 3 rural rating regions. All Savers provided support for new factors which reflected the full area calculation. This resulted in lower area factors in regions 8, 9 and 10.

The law directs that, as a condition of participating in Exchanges, QHPs must not employ cost-sharing designs that will have the effect of discouraging the enrollment of individuals with significant health needs (45 C.F.R. § 156.225).¹⁶ To ensure non-discrimination in benefit design, Colorado has identified outliers with regards to QHP cost sharing (e.g., co-payments and coinsurance) as part of its QHP certification reviews. Non-discrimination in benefit design with respect to EHB and marketing are market-wide consumer protections that apply inside and outside of Exchanges.

Plan 92137CO0020003, (Copay Silver A) has been rejected due to the plan did not meet the non-discrimination requirement.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments. Plan 92137CO0020003 has been rejected.

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/23/2013
Submitted Date	07/23/2013
Respond By Date	07/25/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: We have compared the URRT in this rate filing to the URRT in the binder, and they match. However, the URRT that was uploaded to HIOS is different. Please upload the most current version of the URRT to HIOS. To do so you will need to email cms_feps@cms.hhs.gov and let them know what it is that you are trying to change in your HIOS filing. Let them know that you have to upload a new URRT.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 7/25/2013, which is within [20] calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 7/25/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Amy Filler

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/17/2013
Submitted Date	07/17/2013
Respond By Date	07/20/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please review the attached consumer retention exhibit and clarify any items that you believe need adjusting.

I have recommended your area rating changes and rating adjustments for approval, and do not anticipate any further adjustments to be made, pending final approval from Division senior management.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/17/2013, which is within 3 calendar days from the date of this correspondence.

Failure to provide a full or complete response may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Michael Muldoon

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Attachment Consumer Retention Exhibit.xlsx is not a PDF document and cannot be reproduced here.

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/03/2013
Submitted Date	07/03/2013
Respond By Date	07/10/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Your plan and benefit template indicates your plan is an EPO. Please provide general information on the provider network and in and out of network access for members.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/10/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/10/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,
Nichole Boggess

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/27/2013
Submitted Date	06/27/2013
Respond By Date	07/02/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: removal of riders: The exchange system cannot handle riders. You will need to embedd the rider benefits into the main plan. If you have benefits above the EHB's, then you will have to do a seperate plan design for each combination and each must have their own plan number for the combination.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/02/2013, which is within 5 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/02/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/06/2013
Submitted Date	06/06/2013
Respond By Date	06/20/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please include the "Reliance" section of the Part III Actuarial Memorandum.

If, in preparing the Part I Unified Rate Review Template submission, the certifying actuary relied on any information or underlying assumptions provided by another individual, the information relied upon and the name of the individual providing that information may be disclosed. This should be located after the "Effective Rate Review Information" section.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/20/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/20/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/04/2013
Submitted Date	06/04/2013
Respond By Date	06/18/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide the number of member months in the Requested Rate Change Information on the Rate Review Detail section.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/18/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/18/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/29/2013
Submitted Date	05/29/2013
Respond By Date	06/05/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide on the rate sample: a 40 year old non-smoker silver plans by every rating area. I will e-mail a template for the rate sample to name on filing.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/05/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/05/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/28/2013
Submitted Date	05/28/2013
Respond By Date	06/04/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please remove Pediatric Dental Rider, Pediatric Vision Rider and Outpatient Prescription Drug Expense Benefits Rider from binders. The QHP Certification Requirements Manual states that Riders are no longer allowed for carriers on the exchange. The exchange is hoping to accommodate for riders in the future.

Objection 2

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: In Section L, Trend, of the Act Memo, please provide trend assumptions as an attachment in excel format. Pursuant to CO Regulation 4-2-11, this section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

- 1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.*
- 2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.*
- 3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.*
- 4. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:*
 - a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.*
 - b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be*

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products. Major service categories are Hospital Inpatient, Outpatient, Physician, Pharmacy, Other.

Objection 3

Comments: Please provide description for Trend Factor on the View Rate Review Detail section of the Rate/Rule Schedule tab. You stated that trend factors are not permissible for the individual market QHPs. However, you used trend to develop the index rate. Please include the 9.1% trend in the Trend Factors field on the Rate Review Detail Tab.

Objection 4

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Under Section A of the Colorado Actuarial Memorandum, policies will be available through COHBE what marketing methods does the carrier plan on using? (Agency/Broker, Internet, Direct Response, Other)

Objection 5

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Section N: Data Requirements is required for all filings, even new products. Please provide with all the required data elements as described in Colorado Regulation 4-2-11.

Objection 6

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Please provide support and justification on the 11.5% profit and contingency retention loading.

Objection 7

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Please provide support for the 9.1% trend assumption, the current confidential exhibit justifies a lowered trend assumption.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/04/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/04/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Rachel Plummer

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/28/2013
Submitted Date	05/28/2013
Respond By Date	06/04/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/04/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/04/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/28/2013
Submitted Date	05/28/2013
Respond By Date	06/04/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Supporting Confidential Data (Supporting Document)

Comments: objection 8, Please provide the information for the retention components on the Actuarial Memorandum-Regulation 4-2-11 section 6 (H) Retention Percentage: This is a requirement from Regulation 4-2-11 which is not considered confidential.

Objection 2

- Supporting Confidential Data (Supporting Document)

Comments: objection 9, Regulation 4-2-11 section 6 (N) Data Requirements is required and is not confidential. If there is no nationwide experience, than experience for a comparable product must be provided.

Objection 3

- Supporting Confidential Data (Supporting Document)

Comments: objection 10, Regulation 4-2-11 (P) Benefits Ratio Projections is required and is not confidential, please make non-confidential. Please provide all information that is required. The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change.

Objection 4

- Colorado Trade Secrets Response (Supporting Document)

Comments: All the required information from Regulation 4-2-11 is not confidential. If there is confidential information that was provided outside of the regulation, then you must remove and separate the confidential information other than what is required on Regulation 4-2-11.

Objection 5

Comments: objection 13, every filing is a separate filing. Please provide the information that was requested for PPACA.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/04/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/04/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

*Sincerely,
Cathy Gilliland*

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/15/2013
Submitted Date	05/15/2013
Respond By Date	05/29/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: regulation 4-2-11 section 6 (A) 6 Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/29/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/29/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/15/2013
Submitted Date	05/15/2013
Respond By Date	05/29/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Regulation 4-2-11section 5 (A) (3) File and Use: Any rate filing not specified in Paragraph 1 of this subsection is classified as file and use. Existing law allows for file and use rate filings to be implemented upon submission to the Division and correction of any deficiency shall be on a prospective basis. All filings not returned on or before the thirtieth day after receipt will be considered complete. Please correct the requested filing mode to file and use for a new product.

Objection 2

Comments: Please provide all information on the rate/rule schedule with (zero).

Objection 3

Comments: Please provide all information on the rate /rule schedule: Product Types:

Number of Policy Holders:

Number of Covered Lives:HMO

PPO

EPO

POS

HSA

HDHP

FFS

Other

Objection 4

Comments: Please provide all information on the form schedule tab: Item

No. Schedule Item

Status Form

Name Form

Number Form

Type Action Action Specific

Data Readability

Score Attachments Submitted

Objection 5

Comments: Please provide the trend factors on the view rate review detail.

Objection 6

Comments: Please provide the requested earned premiums and claims on the view rate review detail.

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Objection 7

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: regulation 4-2-11 section 6 (A) (2) Requested Rate Action: The overall rate increase or decrease amount should be listed.

Objection 8

Comments: Please provide the information for the retention components on the Actuarial Memorandum-Regulation 4-2-11 section 6 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.

Objection 9

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N)Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.
2. National or other relevant data shall also be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information. This includes, but is not limited to: changes in rates; rating factors; rating methodology; trend; new benefit options; or new plan designs for an existing product.
3. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available.

Objection 10

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Regulation 4-2-11 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved. This is not confidential.

Objection 11

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: (S) regulation 4-2-11 section 5 (B) Each rate filing shall include a signed and dated statement by a qualified actuary, which attests that, in the actuaries opinion, the rates are not excessive, inadequate or unfairly discriminatory.

Objection 12

Comments: Parts of your confidentiality are not confidential. Please breakout the confidential information and only mark those confidential. Any information that is required in Regulation 4-2-11 is not confidential.

Objection 13

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Regulation 4-2-11 section 6 (E) Please indicate which of the following PPACA benefits your plan has implemented:
Eliminate Annual Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA
Eliminate Lifetime Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA
Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19, Section 2711 of the PHSA/Section 1201 of the PPACA
Prohibit Rescissions, Section 2712 of the PHSA/Section 1001 of PPACA

State: Colorado **Filing Company:** All Savers Insurance Company
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Product Name: CO ASI 2014 Product
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Preventive Services, Section 2713 of the PHSA/Section 1001 of the PPACA
Extends Dependent Coverage for Children Until age 26, Section 2714 of the PHSA/Section 1001 of the PPACA
Appeals Process, Section 2719 of the PHSA/Section 1001 of the PPACA
Emergency Services, Section 2719A of the PHSA/Section 10101 of the PPACA
Access to Pediatricians, Section 2719A of the PHSA/Section 10101 of the PPACA
Access to OB/GYNs, Section 2719A of the PHSA/Section 10101 of the PPACA

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/29/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/29/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/14/2013
Submitted Date	05/14/2013
Respond By Date	05/21/2013

Dear Michelle Peters,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide the binder filing number for this rate filing.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/28/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/28/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/24/2013
Submitted Date	07/24/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response dated July 23, 2013. I have addressed your concern below.

Response 1

Comments:

The most current version of the URRT has been uploaded to and validated in HOIS.

Related Objection 1

Comments: We have compared the URRT in this rate filing to the URRT in the binder, and they match. However, the URRT that was uploaded to HIOS is different. Please upload the most current version of the URRT to HIOS. To do so you will need to email cms_feps@cms.hhs.gov and let them know what it is that you are trying to change in your HIOS filing. Let them know that you have to upload a new URRT.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Lindsay Fisher

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/19/2013
Submitted Date	07/19/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response letter dated July 17, 2013 and for providing the Consumer Retention Exhibit via email. We have addressed your concern below.

Response 1

Comments:

We have reviewed the Consumer Retention Exhibit provided and have made one change. The 0.2% that was originally showing as Other Fees, Assessments, Taxes (cell E26) has been moved to Quality Improvements (cell E30). An updated Consumer Retention Exhibit has been attached on the [Supporting Documentation] tab in SERFF.

Related Objection 1

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please review the attached consumer retention exhibit and clarify any items that you believe need adjusting.

I have recommended your area rating changes and rating adjustments for approval, and do not anticipate any further adjustments to be made, pending final approval from Division senior management.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Consumer Retention Exhibit
Comments:	
Attachment(s):	Consumer Retention Exhibit.xls

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

SERFF Tracking #:	AMMS-128988457	State Tracking #:	277948	Company Tracking #:	CO 137
State:	Colorado	Filing Company:	All Savers Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	CO ASI 2014 Product				
Project Name/Number:	CO ASI 2014 Product/CO 137				

Lindsay Fisher

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/09/2013
Submitted Date	07/09/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your objection letter dated July 3, 2013. I have addressed your concerns below.

Response 1

Comments:

Our network adequacy filing was submitted on Monday, July 1, 2013. Please see SERFF filing number AMMS-129101075. This filing notes procedures are in place for out-of-network ER care to be processed as in-network, as well as procedures for assisting members if there are no appropriate providers in-network within a reasonable distance.

Related Objection 1

Comments: Your plan and benefit template indicates your plan is an EPO. Please provide general information on the provider network and in and out of network access for members.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Lindsay Fisher

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/28/2013
Submitted Date	06/28/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response on June 27, 2013. I have addressed your concerns below.

Response 1

Comments:

Riders have been removed, and the associated benefits have been embedded in the main plan. Please see the updated Form Schedule tab and Forms List supporting document.

Related Objection 1

Comments: removal of riders: The exchange system cannot handle riders. You will need to embedd the rider benefits into the main plan. If you have benefits above the EHB's, then you will have to do a seperate plan design for each combination and each must have their own plan number for the combination.

Changed Items:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Forms List
Comments:	
Attachment(s):	Forms List CO GIP-X1-E-ASI-05 Rev 062113.pdf
Previous Version	
Satisfied - Item:	Forms List
Comments:	
Attachment(s):	Forms List CO GIP-X1-E-ASI-05 Rev 061813.pdf
Previous Version	
Satisfied - Item:	Forms List
Comments:	
Attachment(s):	Forms List CO GIP-X1-E-ASI-05.pdf

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Face Page	GIP-X1-E-ASI-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher
<i>Previous Version</i>								
1	Policy Face Page	GIP-X1-E-ASI-CP-05	POL	Initial				Date Submitted: 06/20/2013 By:
<i>Previous Version</i>								
1	Policy Face Page	GIP-X1-E-ASI-05	POL	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
2	Policy Form for Copay Platinum	GIP-X1-E-ASI-CPP-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher
<i>Previous Version</i>								
2	Policy Inside Pages	GIP-X1-E-ASI-PP-CP-05	POL	Initial				Date Submitted: 06/20/2013 By:
<i>Previous Version</i>								
2	Policy Inside Pages	GIP-X1-E-ASI-PP-05	POL	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Face Page	GIP-X1-E-ASI-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher
3	Data Page CSR HSA Silver 3	GIP-X1-E-ASI-05S7	DDP	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher

Previous Version

3	Data Page CSR HSA Silver 2	GIP-X1-E-ASI-05S7	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
4	Policy Form for HSA Silver	GIP-X1-E-ASI- HSAS-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher

Previous Version

4	Policy Face Page	GIP-X1-E-ASI- HS-05	POL	Initial				Date Submitted: 06/20/2013 By:
5	Policy Form for Copay Gold B	GIP-X1-E-ASI- CPGB-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher

Previous Version

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Face Page	GIP-X1-E-ASI-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher
5	Policy Face Page	GIP-X1-E-ASI-CT-05	POL	Initial				Date Submitted: 06/20/2013 By:
6	Policy Form for HSA Bronze	GIP-X1-E-ASI-HSAB-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher
Previous Version								
6	Policy Inside Pages	GIP-X1-E-ASI-PP-HS-05	POL	Initial				Date Submitted: 06/20/2013 By:
7	Policy Form for Catastrophic	GIP-X1-E-ASI-CAT-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher
Previous Version								
7	Policy Inside Pages	GIP-X1-E-ASI-PP-CT-05	POL	Initial				Date Submitted: 06/20/2013 By:

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Face Page	GIP-X1-E-ASI-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher
8	Policy Form for Copay Gold C	GIP-X1-E-ASI-CPGC-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher
9	Policy Form for Copay Silver A	GIP-X1-E-ASI-CPSA-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher
10	Policy Form for Copay Silver C	GIP-X1-E-ASI-CPSC-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher
11	Policy Form for Copay Bronze	GIP-X1-E-ASI-CPB-05	POL	Initial				Date Submitted: 06/28/2013 By: Lindsay Fisher

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Lindsay Fisher

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/06/2013
Submitted Date	06/06/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response dated June 6, 2013. I have addressed your concern below.

Response 1

Comments:

The Reliance section has been added to the Part III - Federal Actuarial Memorandum.

Related Objection 1

Comments: Please include the "Reliance" section of the Part III Actuarial Memorandum.

If, in preparing the Part I Unified Rate Review Template submission, the certifying actuary relied on any information or underlying assumptions provided by another individual, the information

relied upon and the name of the individual providing that information may be disclosed. This should be located after the "Effective Rate Review Information" section.

Changed Items:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III - Federal Confidentiality Index.pdf Part III - Federal Actuarial Memo.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>Part III - Federal Actuarial Memo.pdf Part III - Federal Confidentiality Index.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>Part III - Federal Actuarial Memo.pdf Part III - Federal Confidentiality Index.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Lindsay Fisher

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/04/2013
Submitted Date	06/04/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response dated June 4, 2013. I have addressed your concerns below.

Response 1

Comments:

A Post Submission Update has been submitted to provide the member months in the Rate Review Detail section.

Related Objection 1

Comments: Please provide the number of member months in the Requested Rate Change Information on the Rate Review Detail section.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

If you have any questions about this response, please call me at (920) 661-1252 or e-mail me at michelle_peters@goldenrule.com.

Sincerely,

Michelle L. Peters, FSA, MAAA

Director of Actuarial Services

Sincerely,

Lindsay Fisher

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/30/2013
Submitted Date	05/30/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response dated May 29, 2013. I have addressed your concern below

Response 1

Comments:

The rate template you provided is attached on the Supporting Documentation tab in SERFF -- labeled [Colorado Rate Sample Template]. As per the template, the rates are for the richest and leanest plans for a 40 year old non-smoker by region.

Related Objection 1

Comments: Please provide on the rate sample: a 40 year old non-smoker silver plans by every rating area. I will e-mail a template for the rate sample to name on filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Colorado Rate Sample Template
Comments:	As per the template, these rates are for the richest and leanest plans for a 40 year old non-smoker by every region.
Attachment(s):	State of Colorado - Rate Sample.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Matt Genal

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/04/2013
Submitted Date	06/04/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response dated May 28, 2013. I have addressed your concerns below.

Response 1

Comments:

As these are benefits required under the Essential Health Benefits provision of Health Care Reform, could you please clarify how we are allowed to remove them?

Related Objection 1

Comments: Please remove Pediatric Dental Rider, Pediatric Vision Rider and Outpatient Prescription Drug Expense Benefits Rider from binders. The QHP Certification Requirements Manual states that Riders are no longer allowed for carriers on the exchange. The exchange is hoping to accommodate for riders in the future.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The trend information has been provided in excel format. Please see CO Confidential Trend Exhibit.xlsx.

Related Objection 2

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Comments: In Section L, Trend, of the Act Memo, please provide trend assumptions as an attachment in excel format. Pursuant to CO Regulation 4-2-11, this section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.

2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.

3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.

4. The trend assumptions by major service category shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:

- a. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.*
 - b. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.*
- Major service categories are Hospital Inpatient, Outpatient, Physician, Pharmacy, Other.*

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	CO Trend Exhibit - CONFIDENTIAL HANDLING REQUESTED
Comments:	
Attachment(s):	CO Confidential Trend Exhibit.xlsx

No Form Schedule items changed.

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

No Rate/Rule Schedule items changed.

Response 3

Comments:

The 9.1% pricing trend description has been added to the View Rate Review Detail section.

Related Objection 3

Comments: Please provide description for Trend Factor on the View Rate Review Detail section of the Rate/Rule Schedule tab. You stated that trend factors are not permissible for the individual market QHPs. However, you used trend to develop the index rate. Please include the 9.1% trend in the Trend Factors field on the Rate Review Detail Tab.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The marketing method has been added to the Colorado Actuarial Memorandum.

Related Objection 4

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Under Section A of the Colorado Actuarial Memorandum, policies will be available through COHBE what marketing methods does the carrier plan on using? (Agency/Broker, Internet, Direct Response, Other)

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

These are new policy forms. No historical experience exists under these forms. Our rates were developed based on data provided by an affiliated small group carrier. The experience for the affiliated small group carrier has been added to the Colorado Actuarial Memorandum.

Related Objection 5

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)*

Comments: Section N: Data Requirements is required for all filings, even new products. Please provide with all the required data elements as described in Colorado Regulation 4-2-11.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

We have adjusted our profit and contingencies to be 6.99% before-tax, which yields an after-tax profit of 4.00%. We have also changed our morbidity assumption from 20% to 15%. These adjustments affect our premium levels and various exhibits. Lastly, based on data from an affiliated carrier, we have adjusted some of our area factors within the rate manual. A description of this has been added to the Colorado Actuarial Memorandum. We have attached all the necessary updated documents to reflect these new assumptions.

Related Objection 6

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)*

Comments: Please provide support and justification on the 11.5% profit and contingency retention loading.

Changed Items:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Part I - Federal URRT.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>Part I - Federal URRT.xlsm</i>
Satisfied - Item:	Confidentiality Index
Comments:	
Attachment(s):	CO Confidentiality Index.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Confidentiality Index</i>
Comments:	
Attachment(s):	<i>CO Confidentiality Index.pdf</i>
Satisfied - Item:	Supporting Confidential Data
Comments:	
Attachment(s):	CO Supporting Confidential Data.pdf Part III - Federal Supporting Confidential Data.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Supporting Confidential Data</i>
Comments:	
Attachment(s):	<i>CO Supporting Confidential Data.pdf</i> <i>Part III - Federal Supporting Confidential Data.pdf</i>
<i>Previous Version</i>	

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Satisfied - Item:	<i>Supporting Confidential Data</i>
Comments:	
Attachment(s):	<i>CO Supporting Confidential Data.pdf</i> <i>Part III - Federal Supporting Confidential Data.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III - Federal Actuarial Memo.pdf Part III - Federal Confidentiality Index.pdf

Previous Version

Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>Part III - Federal Actuarial Memo.pdf</i> <i>Part III - Federal Confidentiality Index.pdf</i>

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Part I - Federal URRT.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>Part I - Federal URRT.xlsm</i>
Satisfied - Item:	Confidentiality Index
Comments:	
Attachment(s):	CO Confidentiality Index.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Confidentiality Index</i>
Comments:	
Attachment(s):	<i>CO Confidentiality Index.pdf</i>
Satisfied - Item:	Supporting Confidential Data
Comments:	
Attachment(s):	CO Supporting Confidential Data.pdf Part III - Federal Supporting Confidential Data.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Supporting Confidential Data</i>
Comments:	
Attachment(s):	<i>CO Supporting Confidential Data.pdf</i> <i>Part III - Federal Supporting Confidential Data.pdf</i>
<i>Previous Version</i>	

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Satisfied - Item:	<i>Supporting Confidential Data</i>
Comments:	
Attachment(s):	<i>CO Supporting Confidential Data.pdf</i> <i>Part III - Federal Supporting Confidential Data.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III - Federal Actuarial Memo.pdf Part III - Federal Confidentiality Index.pdf

Previous Version

Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>Part III - Federal Actuarial Memo.pdf</i> <i>Part III - Federal Confidentiality Index.pdf</i>

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Part I - Federal URRT.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>Part I - Federal URRT.xlsm</i>
Satisfied - Item:	Confidentiality Index
Comments:	
Attachment(s):	CO Confidentiality Index.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Confidentiality Index</i>
Comments:	
Attachment(s):	<i>CO Confidentiality Index.pdf</i>
Satisfied - Item:	Supporting Confidential Data
Comments:	
Attachment(s):	CO Supporting Confidential Data.pdf Part III - Federal Supporting Confidential Data.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Supporting Confidential Data</i>
Comments:	
Attachment(s):	<i>CO Supporting Confidential Data.pdf</i> <i>Part III - Federal Supporting Confidential Data.pdf</i>
<i>Previous Version</i>	

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Satisfied - Item:	<i>Supporting Confidential Data</i>
Comments:	
Attachment(s):	<i>CO Supporting Confidential Data.pdf</i> <i>Part III - Federal Supporting Confidential Data.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III - Federal Actuarial Memo.pdf Part III - Federal Confidentiality Index.pdf

Previous Version

Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>Part III - Federal Actuarial Memo.pdf</i> <i>Part III - Federal Confidentiality Index.pdf</i>

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Part I - Federal URRT.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>Part I - Federal URRT.xlsm</i>
Satisfied - Item:	Confidentiality Index
Comments:	
Attachment(s):	CO Confidentiality Index.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Confidentiality Index</i>
Comments:	
Attachment(s):	<i>CO Confidentiality Index.pdf</i>
Satisfied - Item:	Supporting Confidential Data
Comments:	
Attachment(s):	CO Supporting Confidential Data.pdf Part III - Federal Supporting Confidential Data.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Supporting Confidential Data</i>
Comments:	
Attachment(s):	<i>CO Supporting Confidential Data.pdf</i> <i>Part III - Federal Supporting Confidential Data.pdf</i>
<i>Previous Version</i>	

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Satisfied - Item:	<i>Supporting Confidential Data</i>
Comments:	
Attachment(s):	<i>CO Supporting Confidential Data.pdf</i> <i>Part III - Federal Supporting Confidential Data.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III - Federal Actuarial Memo.pdf Part III - Federal Confidentiality Index.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>Part III - Federal Actuarial Memo.pdf</i> <i>Part III - Federal Confidentiality Index.pdf</i>

No Form Schedule items changed.

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Manual	GIP-X1-E-ASI-05	New		CO Exchange Rate Manual.pdf,	06/04/2013 By: Lindsay Fisher
<i>Previous Version</i>						
1	Rate Manual	GIP-X1-E-ASI-05	New		CO Exchange Rate Manual v2.pdf,	05/20/2013 By:
<i>Previous Version</i>						
1	Rate Manual	GIP-X1-E-ASI-05	New		CO Exchange Rate Manual.pdf,	05/09/2013 By: Lindsay Fisher

Response 7

Comments:

Please see the separately attached CO Confidential Trend Exhibit.xlsx. Note that the lower historical trends seen from 2010 to 2012 reflect the impact of the recent recession. For the future projection period of 2014, as the economic pressures continue to ease, we anticipate underlying trends to increase due to pent up demand over the past few years. Therefore, future pricing trend assumptions may be different than recent historical trends.

Related Objection 7

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Please provide support for the 9.1% trend assumption, the current confidential exhibit justifies a lowered trend assumption.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	CO Trend Exhibit - CONFIDENTIAL HANDLING REQUESTED
Comments:	
Attachment(s):	CO Confidential Trend Exhibit.xlsx

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

If you have any questions about this response, please call me at (920) 661-1252 or e-mail me at michelle_peters@goldenrule.com.

Sincerely,

Michelle L. Peters, FSA, MAAA

Director of Actuarial Services

Sincerely,

Lindsay Fisher

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/04/2013
Submitted Date	06/04/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response dated May 28, 2013. I have addressed your concerns below.

Response 1

Comments:

The benefits have been added to the Product Descriptions in the Colorado Actuarial Memorandum. There are no substituted benefits or additional benefits above the EHBs.

Related Objection 1

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

If you have any questions about this response, please call me at (920) 661-1252 or e-mail me at michelle_peters@goldenrule.com.

Sincerely,

Michelle L. Peters, FSA, MAAA
Director of Actuarial Services

Sincerely,

Lindsay Fisher

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/04/2013
Submitted Date	06/04/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response dated May 28, 2013. I have addressed your concerns below.

Response 1

Comments:

The retention components have been added to the Colorado Actuarial Memorandum.

Related Objection 1

Applies To:

- Supporting Confidential Data (Supporting Document)

Comments: objection 8, Please provide the information for the retention components on the Actuarial Memorandum-Regulation 4-2-11 section 6 (H) Retention Percentage: This is a requirement from Regulation 4-2-11 which is not considered confidential.

Changed Items:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

These are new policy forms. No historical experience exists under these forms. Our rates were developed based on data provided by affiliated small group carriers. The experience for the affiliated small group carriers has been added to the Colorado Actuarial Memorandum.

Related Objection 2

Applies To:

- Supporting Confidential Data (Supporting Document)

Comments: objection 9, Regulation 4-2-11 section 6 (N)Data Requirements is required and is not confidential. If there is no nationwide experience, than experience for a comparable product must be provided.

Changed Items:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The benefits ratio projection has been added to the Colorado Actuarial Memorandum.

Related Objection 3

Applies To:

- Supporting Confidential Data (Supporting Document)

Comments: objection 10, Regulation 4-2-11 (P) Benefits Ratio Projections is required and is not confidential, please make non-confidential. Please provide all information that is required. The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change.

Changed Items:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The requested data has been added to the Colorado Actuarial Memorandum.

Related Objection 4

Applies To:

- Colorado Trade Secrets Response (Supporting Document)

Comments: All the required information from Regulation 4-2-11 is not confidential. If there is confidential information that was provided outside of the regulation, then you must remove and separate the confidential information other than what is required on Regulation 4-2-11.

Changed Items:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

The below listed PPACA benefits have been included for these policy forms.

1. Eliminate Annual Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA
2. Eliminate Lifetime Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA
3. Eliminate Pre-existing Condition Exclusions for Enrollees under Age 19, Section 2711 of the PHSA/Section 1201 of the PPACA
4. Prohibit Rescissions, Section 2712 of the PHSA/Section 1001 of PPACA
5. Preventive Services, Section 2713 of the PHSA/Section 1001 of the PPACA
6. Extends Dependent Coverage for Children until age 26, Section 2714 of the PHSA/Section 1001 of the PPACA
7. Appeals Process, Section 2719 of the PHSA/Section 1001 of the PPACA
8. Emergency Services, Section 2719A of the PHSA/Section 10101 of the PPACA
9. Access to Pediatricians, Section 2719A of the PHSA/Section 10101 of the PPACA
10. Access to OB/GYNs, Section 2719A of the PHSA/Section 10101 of the PPACA

Related Objection 5

Comments: objection 13, every filing is a seperate filing. Please provide the information that was requested for PPACA.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	AMMS-128988457	State Tracking #:	277948	Company Tracking #:	CO 137
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State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

If you have any questions about this response, please call me at (920) 661-1252 or e-mail me at michelle_peters@goldenrule.com.

*Sincerely,
Michelle L. Peters, FSA, MAAA
Director of Actuarial Services*

*Sincerely,
Lindsay Fisher*

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/16/2013
Submitted Date	05/16/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response dated May 15, 2013. I have addressed your concern below.

Response 1

Comments:

Due to the length of our forms list, it has been attached as a separate document. Please see [Forms List CO GIP-X1-E-ASI-05.pdf] attached on the Supporting Documentation tab in SERFF. This information has also been populated on the Form Schedule tab in SERFF.

Related Objection 1

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: regulation 4-2-11 section 6 (A) 6 Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Forms List
Comments:	
Attachment(s):	Forms List CO GIP-X1-E-ASI-05.pdf

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Face Page	GIP-X1-E-ASI-05	POL	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
2	Policy Inside Pages	GIP-X1-E-ASI-PP-05	POL	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
3	Data Page Copay Platinum	GIP-X1-E-ASI-05P1	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
4	Data Page Gold B	GIP-X1-E-ASI-05G2	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
5	Data Page Gold C	GIP-X1-E-ASI-05G3	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
6	Data Page HSA Silver	GIP-X1-E-ASI-05S1	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Face Page	GIP-X1-E-ASI-05	POL	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
7	Data Page Silver A	GIP-X1-E-ASI-05S2	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
8	Data Page Silver C	GIP-X1-E-ASI-05S4	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
9	Data Page HSA Bronze	GIP-X1-E-ASI-05B1	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
10	Data Page Copay Bronze	GIP-X1-E-ASI-05B2	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
11	Data Page Catastrophic	GIP-X1-E-ASI-05C1	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Face Page	GIP-X1-E-ASI-05	POL	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
12	Data Page CSR HSA Silver 1	GIP-X1-E-ASI-05S5	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
13	Data Page CSR HSA Silver 2	GIP-X1-E-ASI-05S6	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
14	Data Page CSR HSA Silver 2	GIP-X1-E-ASI-05S7	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
15	Data Page CSR Silver A1	GIP-X1-E-ASI-05S8	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
16	Data Page CSR Silver A2	GIP-X1-E-ASI-05S9	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Face Page	GIP-X1-E-ASI-05	POL	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
17	Data Page CSR Silver A3	GIP-X1-E-ASI-05S10	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
18	Data Page CSR Silver C1	GIP-X1-E-ASI-05S14	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
19	Data Page CSR Silver C2	GIP-X1-E-ASI-05S15	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
20	Data Page CSR Silver C3	GIP-X1-E-ASI-05S16	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
21	Data Page Native American No Cost Sharing	GIP-X1-E-ASI-05NAZ	DDP	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Face Page	GIP-X1-E-ASI-05	POL	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
22	Outpatient Prescription Drug Expense Benefits Rider	SA-S-1528-E-ASI-05	CERA	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
23	Pediatric Dental Rider	SA-S-1704-ASI-05	CERA	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
24	Pediatric Vision Rider	SA-S-1707-ASI-05	CERA	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Lindsay Fisher

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/23/2013
Submitted Date	05/23/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response dated May 15, 2013. I have addressed your concerns below.

Response 1

Comments:

A Post Submission Update has been submitted to update the requested filing mode to File and Use.

Related Objection 1

Comments: Regulation 4-2-11section 5 (A) (3) File and Use: Any rate filing not specified in Paragraph 1 of this subsection is classified as file and use. Existing law allows for file and use rate filings to be implemented upon submission to the Division and correction of any deficiency shall be on a prospective basis. All filings not returned on or before the thirtieth day after receipt will be considered complete. Please correct the requested filing mode to file and use for a new product.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

A Post Submission Update has been submitted to update the information on the Rate / Rule Schedule tab.

Related Objection 2

Comments: Please provide all information on the rate/rule schedule with (zero).

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

No Rate/Rule Schedule items changed.

Response 3

Comments:

A Post Submission Update has been submitted to update these amounts. This is a new product, so there are no existing policy holders or covered lives.

Related Objection 3

Comments: Please provide all information on the rate /rule schedule: Product Types:

Number of Policy Holders:

Number of Covered Lives:HMO

PPO

EPO

POS

HSA

HDHP

FFS

Other

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

This information has been updated on the Form Schedule tab and was submitted with a previous objection response.

Related Objection 4

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Comments: Please provide all information on the form schedule tab: Item

No. Schedule Item

Status Form

Name Form

Number Form

Type Action Action Specific

Data Readability

Score Attachments Submitted

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Trend factors are not permissible for individual market Qualified Health Plans. This explanation has been added to the View Rate Review Detail.

Related Objection 5

Comments: Please provide the trend factors on the view rate review detail.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

A Post Submission Update has been submitted to update this information on the View Rate Review Detail.

Related Objection 6

Comments: Please provide the requested earned premiums and claims on the view rate review detail.

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

This is a new product. No rate action is being filed at this time.

Related Objection 7

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: regulation 4-2-11 section 6 (A) (2) Requested Rate Action: The overall rate increase or decrease amount should be listed.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
Previous Version	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

SERFF Tracking #:	AMMS-128988457	State Tracking #:	277948	Company Tracking #:	CO 137
<hr/>					
State:	Colorado	Filing Company:	All Savers Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	CO ASI 2014 Product				
Project Name/Number:	CO ASI 2014 Product/CO 137				

The retention components, along with their support, were originally provided in the supporting confidential data document. Please see Confidentiality Index ID #01.

Related Objection 8

Comments: Please provide the information for the retention components on the Actuarial Memorandum-Regulation 4-2-11 section 6 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9

Comments:

This is a new product. There is no nationwide experience. All Savers Insurance Company has no existing individual products.

Related Objection 9

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N)Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.
2. National or other relevant data shall also be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information. This includes, but is not limited to: changes in rates; rating factors; rating methodology; trend; new benefit options; or new plan designs for an existing product.
3. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available.

Changed Items:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 10

Comments:

This is a new product filing. No rate change is being filed at this time. The projected loss ratio over the rating period for this new product was previously provided in §P of the Colorado Actuarial Memorandum.

Related Objection 10

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Regulation 4-2-11 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved. This is not confidential.

Changed Items:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
Previous Version	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 11

Comments:

This statement has been added to the actuarial certification at the end of the Colorado Actuarial Memorandum.

Related Objection 11

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: (S) regulation 4-2-11 section 5 (B) Each rate filing shall include a signed and dated statement by a qualified actuary, which attests that, in the actuaries opinion, the rates are not excessive, inadequate or unfairly discriminatory.

Changed Items:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 12

Comments:

Please see the separately attached 052313 Colorado Trade Secrets Response Final.pdf in regards to this situation. This letter was also sent via e-mail to cathy.gilliland@state.co.us.

Related Objection 12

Comments: Parts of your confidentiality are not confidential. Please breakout the confidential information and only mark those confidential. Any information that is required in Regulation 4-2-11 is not confidential.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Colorado Trade Secrets Response
Comments:	
Attachment(s):	052313 Colorado Trade Secrets Response Final.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Response 13

Comments:

The above listed PPACA benefits have all been included in the associated forms filing (AMMS- 128984844). Please see the separately attached PPACA UCS CO GIP-X1-E-ASI-05 etc 051513.pdf. This PPACA Uniform Compliance Summary was included as supporting documentation for the forms filing.

Related Objection 13

Applies To:

- CO Actuarial Memorandum (Reg 4-2-11) (Supporting Document)

Comments: Regulation 4-2-11 section 6 (E) Please indicate which of the following PPACA benefits your plan has implemented:

Eliminate Annual Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Lifetime Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19, Section 2711 of the PHSA/Section 1201 of the PPACA

Prohibit Rescissions, Section 2712 of the PHSA/Section 1001 of PPACA

Preventive Services, Section 2713 of the PHSA/Section 1001 of the PPACA

Extends Dependent Coverage for Children Until age 26, Section 2714 of the PHSA/Section 1001 of the PPACA

Appeals Process, Section 2719 of the PHSA/Section 1001 of the PPACA

Emergency Services, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to Pediatricians, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to OB/GYNs, Section 2719A of the PHSA/Section 10101 of the PPACA

Changed Items:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedule Item Changes	
Satisfied - Item:	PPACA Uniform Compliance Survey
Comments:	
Attachment(s):	PPACA UCS CO GIP-X1-E-ASI-05 etc 051513.pdf
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum (Reg 4-2-11)</i>
Comments:	
Attachment(s):	<i>CO Actuarial Memo (Reg 4-2-11).pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	PPACA Uniform Compliance Survey
Comments:	
Attachment(s):	PPACA UCS CO GIP-X1-E-ASI-05 etc 051513.pdf
Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum (Reg 4-2-11)</i>
Comments:	
Attachment(s):	<i>CO Actuarial Memo (Reg 4-2-11).pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Conclusion:

If you have any questions about this response, please call me at (920) 661-1252 or e-mail me at michelle_peters@goldenrule.com.

Sincerely,

Michelle L. Peters, FSA, MAAA

Director of Actuarial Services

Sincerely,

Lindsay Fisher

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/14/2013
Submitted Date	05/14/2013

Dear Cathy Gilliland,

Introduction:

Thank you for your response on May 14, 2013. I have addressed your concern below.

Response 1

Comments:

The plan binder filing number for this rate filing is AMMS-CO14-125001265.

Related Objection 1

Comments: Please provide the binder filing number for this rate filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Lindsay Fisher

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Amendment Letter

Submitted Date: 07/03/2013

Comments:

The following is in response to our phone call with the CO DOI on July 2, 2013. Thank you.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	July 3, 2013 Response Letter
Comments:	
Attachment(s):	20130703 CR 137.pdf

SERFF Tracking #:	AMMS-128988457	State Tracking #:	277948	Company Tracking #:	CO 137
<hr/>					
State:	Colorado	Filing Company:	All Savers Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	CO ASI 2014 Product				
Project Name/Number:	CO ASI 2014 Product/CO 137				

Amendment Letter

Submitted Date: 06/20/2013

Comments:

The Forms Schedule tab and Forms List Supporting Document have been updated pursuant to the voicemail message received from Cathy Gilliland on June 13, 2013.

Thank you.

Changed Items:

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Face Page	GIP-X1-E-ASI-CP-05	POL	Initial				Date Submitted: 06/20/2013 By:
<i>Previous Version</i>								
1	Policy Face Page	GIP-X1-E-ASI-05	POL	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
2	Policy Inside Pages	GIP-X1-E-ASI-PP-CP-05	POL	Initial				Date Submitted: 06/20/2013 By:
<i>Previous Version</i>								
2	Policy Inside Pages	GIP-X1-E-ASI-PP-05	POL	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher
3	N/A Removed	N/A Removed	CERA	Other	Rider Removed			Date Submitted: 06/20/2013 By:
<i>Previous Version</i>								
3	Outpatient Prescription Drug Expense Benefits Rider	SA-S-1528-E-ASI-05	CERA	Initial				Date Submitted: 05/16/2013 By: Lindsay Fisher

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
4	N/A Removed	N/A Removed	CERA	Other	Rider Removed			Date Submitted: 06/20/2013 By:
<i>Previous Version</i>								
4	<i>Pediatric Dental Rider</i>	<i>SA-S-1704-ASI-05</i>	<i>CERA</i>	<i>Initial</i>				<i>Date Submitted: 05/16/2013 By: Lindsay Fisher</i>
5	N/A Removed	N/A Removed	CERA	Other	Rider Removed			Date Submitted: 06/20/2013 By:
<i>Previous Version</i>								
5	<i>Pediatric Vision Rider</i>	<i>SA-S-1707-ASI-05</i>	<i>CERA</i>	<i>Initial</i>				<i>Date Submitted: 05/16/2013 By: Lindsay Fisher</i>
6	Policy Face Page	GIP-X1-E-ASI-HS-05	POL	Initial				Date Submitted: 06/20/2013 By:
7	Policy Face Page	GIP-X1-E-ASI-CT-05	POL	Initial				Date Submitted: 06/20/2013 By:
8	Policy Inside Pages	GIP-X1-E-ASI-PP-HS-05	POL	Initial				Date Submitted: 06/20/2013 By:

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
9	Policy Inside Pages	GIP-X1-E-ASI-PP-CT-05	POL	Initial				Date Submitted: 06/20/2013 By:

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Forms List
Comments:	
Attachment(s):	Forms List CO GIP-X1-E-ASI-05 Rev 061813.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Forms List</i>
Comments:	
Attachment(s):	<i>Forms List CO GIP-X1-E-ASI-05.pdf</i>

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Amendment Letter

Submitted Date: 06/04/2013

Comments:

An updated Rate Sample has been attached on the Supporting Documentation tab. Thank you.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	State of Colorado - Rate Sample.xlsx
Previous Version	
Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	CO Rate Sample.pdf

Satisfied - Item:	Colorado Rate Sample Template
Comments:	As per the template, these rates are for the richest and leanest plans for a 40 year old non-smoker by every region.
Attachment(s):	State of Colorado - Rate Sample.xlsx
Previous Version	
Satisfied - Item:	Colorado Rate Sample Template
Comments:	As per the template, these rates are for the richest and leanest plans for a 40 year old non-smoker by every region.
Attachment(s):	State of Colorado - Rate Sample.xlsx

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Amendment Letter

Submitted Date: 05/20/2013

Comments:

We have attached an updated Rate Manual to remove the tobacco factor from the 0-20 year-old age group. Thank you.

Changed Items:

No Form Schedule Items Changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Manual	GIP-X1-E-ASI-05	New		CO Exchange Rate Manual v2.pdf,	05/20/2013 By:
<i>Previous Version</i>						
1	Rate Manual	GIP-X1-E-ASI-05	New		CO Exchange Rate Manual.pdf,	05/09/2013 By: Lindsay Fisher

No Supporting Documents Changed.

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Amendment Letter

Submitted Date: 05/09/2013

Comments:

Confidentiality language has been corrected on Part III - Federal Supporting Confidential Data.pdf.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Supporting Confidential Data
Comments:	
Attachment(s):	CO Supporting Confidential Data.pdf Part III - Federal Supporting Confidential Data.pdf
Previous Version	
Satisfied - Item:	Supporting Confidential Data
Comments:	
Attachment(s):	CO Supporting Confidential Data.pdf Part III - Federal Supporting Confidential Data.pdf

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Note To Reviewer

Created By:

Lindsay Fisher on 07/17/2013 12:21 PM

Last Edited By:

Lindsay Fisher

Submitted On:

07/17/2013 12:21 PM

Subject:

Consumer Retention Exhibit

Comments:

We are unable to open / view the compressed Consumer Retention Exhibit attached to the Objection Letter Dated July 17, 2013. Can you please reattach it in SERFF as an Excel document or email it directly?

Thank you.

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Note To Reviewer

Created By:

Lindsay Fisher on 06/20/2013 01:57 PM

Last Edited By:

Lindsay Fisher

Submitted On:

06/20/2013 01:57 PM

Subject:

Please disregard the SERFF Amendment submitted earlier today, June 20, 2013.

Comments:

We were notified by our Policy Compliance team that the requested changes will require additional updates to the policy forms, and therefore, the updates to the Form Schedule tab and the Forms List Supporting Document submitted via a SERFF Amendment earlier today are incorrect. Please disregard the information submitted earlier, and we will provide the corrected information as soon as it is available.

Thank you.

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Note To Filer

Created By:

Cathy Gilliland on 05/16/2013 11:17 AM

Subject:

objection 3

Comments:

please disregard objection3 for the information on the rate rule schedule for product types, policy holders and covered lives

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Post Submission Update Request Processed On 05/24/2013

Status: Allowed
Created By: Lindsay Fisher
Processed By: Cathy Gilliland
Comments:

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	Review & Approval

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Company Rate Information:

Company Name: All Savers Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	
Overall % Rate Impact	0.000%	
Written Premium Change for this Program	\$0	
# of Policy Holders Affected for this Program	0	
Written Premium for this Program	\$0	
Maximum %Change (where required)	0.000%	
Minimum %Change (where required)	0.000%	
Trend Factors:	Trend factors are not permissible for individual market Qualified Health Plans.	

REQUESTED RATE CHANGE INFORMATION:

Min:	0.000
Max:	0.000
Weighted Avg.:	0.000

PRIOR RATE:

Total Earned Premium::	0.000
Total Incurred Claims:	0.000
Min:	0.000
Max:	0.000
Weighted Avg.:	0.000

REQUESTED RATE:

Projected Earned Premium:	2,865,382.000	0.000
Projected Incurred Claims:	2,423,938.000	0.000

HMO - Covered Lives	0
HMO - Policy Holders	0
PPO - Covered Lives	0
PPO - Policy Holders	0
EPO - Covered Lives	0
EPO - Policy Holders	0
POS - Covered Lives	0
POS - Policy Holders	0
HSA - Covered Lives	0
HSA - Policy Holders	0
HDHP - Covered Lives	0
HDHP - Policy Holders	0
FFS - Covered Lives	0
FFS - Policy Holders	0
Other - Covered Lives	0

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Other - Policy Holders 0

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Post Submission Update Request Processed On 06/05/2013

Status: Allowed
Created By: Lindsay Fisher
Processed By: Cathy Gilliland
Comments:

Company Rate Information:

Company Name: All Savers Insurance Company

Field Name	Requested Change	Prior Value
Trend Factors:	We used a 9.1% pricing trend to calculate our 2014 rates.	Trend factors are not permissible for individual market Qualified Health Plans.

REQUESTED RATE CHANGE INFORMATION:

Member Months:	6000	0
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REQUESTED RATE:

Projected Earned Premium:	2,609,422.000	2,865,382.000
Projected Incurred Claims:	2,323,195.000	2,423,938.000
Min:	159.700	175.390
Max:	1,865.910	2,251.820
Weighted Avg.:	434.900	477.560

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Form Schedule

Lead Form Number: GIP-X1-E-ASI-05

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy Face Page	GIP-X1-E-ASI-05	POL	Initial			
2		Policy Form for Copay Platinum	GIP-X1-E-ASI-CPP-05	POL	Initial			
3		Data Page Copay Platinum	GIP-X1-E-ASI-05P1	DDP	Initial			
4		Data Page Gold B	GIP-X1-E-ASI-05G2	DDP	Initial			
5		Data Page Gold C	GIP-X1-E-ASI-05G3	DDP	Initial			
6		Data Page HSA Silver	GIP-X1-E-ASI-05S1	DDP	Initial			
7		Data Page Silver A	GIP-X1-E-ASI-05S2	DDP	Initial			
8		Data Page Silver C	GIP-X1-E-ASI-05S4	DDP	Initial			
9		Data Page HSA Bronze	GIP-X1-E-ASI-05B1	DDP	Initial			
10		Data Page Copay Bronze	GIP-X1-E-ASI-05B2	DDP	Initial			
11		Data Page Catastrophic	GIP-X1-E-ASI-05C1	DDP	Initial			

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Lead Form Number: GIP-X1-E-ASI-05

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
12		Data Page CSR HSA Silver 1	GIP-X1-E-ASI-05S5	DDP	Initial			
13		Data Page CSR HSA Silver 2	GIP-X1-E-ASI-05S6	DDP	Initial			
14		Data Page CSR HSA Silver 3	GIP-X1-E-ASI-05S7	DDP	Initial			
15		Data Page CSR Silver A1	GIP-X1-E-ASI-05S8	DDP	Initial			
16		Data Page CSR Silver A2	GIP-X1-E-ASI-05S9	DDP	Initial			
17		Data Page CSR Silver A3	GIP-X1-E-ASI-05S10	DDP	Initial			
18		Data Page CSR Silver C1	GIP-X1-E-ASI-05S14	DDP	Initial			
19		Data Page CSR Silver C2	GIP-X1-E-ASI-05S15	DDP	Initial			
20		Data Page CSR Silver C3	GIP-X1-E-ASI-05S16	DDP	Initial			
21		Data Page Native American No Cost Sharing	GIP-X1-E-ASI-05NAZ	DDP	Initial			
22		N/A Removed	N/A Removed	CERA	Other	Rider Removed		
23		N/A Removed	N/A Removed	CERA	Other	Rider Removed		

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Lead Form Number: GIP-X1-E-ASI-05

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
24		N/A Removed	N/A Removed	CERA	Other	Rider Removed		
25		Policy Form for HSA Silver	GIP-X1-E-ASI-HSAS-05	POL	Initial			
26		Policy Form for Copay Gold B	GIP-X1-E-ASI-CPGB-05	POL	Initial			
27		Policy Form for HSA Bronze	GIP-X1-E-ASI-HSAB-05	POL	Initial			
28		Policy Form for Catastrophic	GIP-X1-E-ASI-CAT-05	POL	Initial			
29		Policy Form for Copay Gold C	GIP-X1-E-ASI-CPGC-05	POL	Initial			
30		Policy Form for Copay Silver A	GIP-X1-E-ASI-CPSA-05	POL	Initial			
31		Policy Form for Copay Silver C	GIP-X1-E-ASI-CPSC-05	POL	Initial			
32		Policy Form for Copay Bronze	GIP-X1-E-ASI-CPB-05	POL	Initial			

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Rate Justification

Rate Methodology

Experience Used for Rate Setting: All Savers is a subsidiary of UnitedHealthcare (UHC). They used UHC SG data in Colorado. 2012 Experience Period Loss Ratio: 79.0 ased on an average of 73,955 enrolled members with \$334.3 Million in premiums (\$376.74 pmpm).

Annual Health Cost Trends: 9.1This is a 7.5edical trend with a 1.6everaged trend assumption.

Risk Adjustment: 0no payments expected from the federal Risk Adjustment Program in 2014).

Reinsurance Recoveries: -11.8payments expected from the federal Reinsurance Program in 2014).

Smoking Factor: 15higher rates for smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Colorado 2014 Overall Average Premium: \$334.82

* Federal Reported 2014 Comparable Average Premium: \$434.90

* This is reported on the issuerâ€™s CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

Premium Retained to Cover Expenses, Taxes Fees and Profits Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the companyâ€™s offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Final Disposition Letter

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total average premium retention is 22.7hown as follows:

f Premium

Issuer Primary Expense and Profit Retention

Retained

Administrative Expenses:

7.00 ommissions:

2.50rofit and Contingencies After Taxes:

4.00 IT - Federal Income Taxes:

2.90nvestment Income:

0.00A)

Total:

16.40etention for Additional Required Taxes, Fees and Assessments

PPACA Health Insurer Fee:

1.50PACA Reinsurance Fee:

1.20 xchange user fees:

1.40remium Taxes:

2.00tate Income Taxes:

0.00ther Fees, Assessments, Taxes:

0.00B)

Total:

6.10

dditional Allowed for QI

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
All Savers Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	0	0	0	0	0	0	0	0
Policy Holders:	0	0	0	0	0	0	0	0

State: Colorado **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: CO ASI 2014 Product
Project Name/Number: CO ASI 2014 Product/CO 137

Rate Review Detail

COMPANY:

Company Name: All Savers Insurance Company
HHS Issuer Id: 92137
Product Names: All Savers Insurance Company On-Exchange 2014 Product
Trend Factors: We used a 9.1% pricing trend to calculate our 2014 rates.

FORMS:

New Policy Forms: GIP-X1-E-ASI-05
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 6,000
Benefit Change:
Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 2,609,422.00
Projected Incurred Claims: 2,323,195.00
Annual \$: Min: 159.70 Max: 1,865.91 Avg: 434.90

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	GIP-X1-E-ASI-05	New		CO Exchange Rate Manual.pdf,

All Savers Insurance Company

Form Numbers: GIP-X1-E-ASI-05, etc.

Rate Pages for State of Colorado Form Filing

For Policies Effective January 1, 2014 and Later

All Savers Insurance Company

PREMIUM CALCULATIONS

Calculated Medical Premium

For each person:

Medical Premium(monthly) = RDC of

Base Rate
x Plan Factor
x Age Factor
x Tobacco Factor (if applicable)
x Area Factor

RDC = Round to 2 decimals

Sum the Medical Premium for all persons to be covered. This Subtotal is the Calculated Medical Premium.

Note: Only the 3 oldest dependent children under the age of 21 will be included in the premium calculation.

Total Monthly Premium = Sum of all family member rates for all benefits

Total Quarterly Premium = Total Monthly Premium * 3

*****Notes*****

There is an administrative fee for processing checks returned for non-sufficient funds.

This will only be imposed after the insured has received written notice of the fee.

All Savers Insurance Company

Monthly Base Rate	\$334.82
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Designation	Plan	Deductible	Coinsurance	AV Calculated	Metal/Cat	Plan Factor
Platinum	Copay Plan	\$500	90%	88.0%	Platinum	1.354
Gold B	Copay Plan	\$1,000	80%	78.3%	Gold	1.099
Gold C	Copay Plan	\$1,500	80%	78.0%	Gold	1.137
Silver	HSA Plan	\$3,650	100%	68.0%	Silver	0.969
Silver A	Copay Plan	\$2,500	70%	69.0%	Silver	1.000
Silver C	Copay Plan	\$5,000	80%	68.1%	Silver	0.989
Bronze	HSA Plan	\$6,350	100%	58.0%	Bronze	0.850
Bronze A	Copay Plan	\$5,500	80%	60.9%	Bronze	0.927
Catastrophic	Plan 100	\$6,350	100%	N/A	Catastrophic	0.830

All Savers Insurance Company

Age	Age Factors	Tobacco Factors
<=20	0.635	1.00
21	1.000	1.15
22	1.000	1.15
23	1.000	1.15
24	1.000	1.15
25	1.004	1.15
26	1.024	1.15
27	1.048	1.15
28	1.087	1.15
29	1.119	1.15
30	1.135	1.15
31	1.159	1.15
32	1.183	1.15
33	1.198	1.15
34	1.214	1.15
35	1.222	1.15
36	1.230	1.15
37	1.238	1.15
38	1.246	1.15
39	1.262	1.15
40	1.278	1.15
41	1.302	1.15
42	1.325	1.15
43	1.357	1.15
44	1.397	1.15
45	1.444	1.15
46	1.500	1.15
47	1.563	1.15
48	1.635	1.15
49	1.706	1.15
50	1.786	1.15
51	1.865	1.15
52	1.952	1.15
53	2.040	1.15
54	2.135	1.15
55	2.230	1.15
56	2.333	1.15
57	2.437	1.15
58	2.548	1.15
59	2.603	1.15
60	2.714	1.15
61	2.810	1.15
62	2.873	1.15
63	2.952	1.15
64+	3.000	1.15

All Savers Insurance Company

State	Rating Area	County	Area Factor
CO CO CO	Rating Area 3	Clear Creek Gilpin Park	0.918
CO	Rating Area 7	Pueblo	0.905
CO CO	Rating Area 8	Alamosa Baca Bent Chaffee Cheyenne Conejos Costilla Crowley Custer Fremont Huefano Kiowa Kit Carson Las Animas Lincoln Mineral Otero Prowers Rio Grande Saguache	0.955
CO CO CO CO CO CO	Rating Area 9	Logan Morgan Phillips Sedgwick Washington Yuma	1.193
CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO	Rating Area 10	Archuleta Delta Dolores Grand Gunnison Hinsdale Jackson La Plata Lake Moffat Montezuma Montrose Ouray Rio Blanco Routt San Juan San Miguel	1.178

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Supporting Document Schedules

Bypassed - Item:	HR-1 Form (H)
Bypass Reason:	This requirement was removed in the revised Regulation 4-2-11, effective 2/1/2013.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	initial submission
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III - Federal Confidentiality Index.pdf Part III - Federal Actuarial Memo.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Part I - Federal URRT.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	CO Cover Letter.pdf
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Satisfied - Item:	Confidentiality Index
Comments:	
Attachment(s):	CO Confidentiality Index.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CO Actuarial Memorandum (Reg 4-2-11)
Comments:	
Attachment(s):	CO Actuarial Memo (Reg 4-2-11).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Supporting Confidential Data
Comments:	
Attachment(s):	CO Supporting Confidential Data.pdf Part III - Federal Supporting Confidential Data.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	State of Colorado - Rate Sample.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Unique Plan - HSA Plan Bronze
Comments:	
Attachment(s):	Unique Plan - HSA Plan Bronze.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Forms List
Comments:	

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Attachment(s):	Forms List CO GIP-X1-E-ASI-05 Rev 062113.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Colorado Trade Secrets Response
Comments:	
Attachment(s):	052313 Colorado Trade Secrets Response Final.pdf
Item Status:	
Status Date:	

Satisfied - Item:	PPACA Uniform Compliance Survey
Comments:	
Attachment(s):	PPACA UCS CO GIP-X1-E-ASI-05 etc 051513.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Colorado Rate Sample Template
Comments:	As per the template, these rates are for the richest and leanest plans for a 40 year old non-smoker by every region.
Attachment(s):	State of Colorado - Rate Sample.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	CO Trend Exhibit - CONFIDENTIAL HANDLING REQUESTED
Comments:	
Attachment(s):	CO Confidential Trend Exhibit.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	July 3, 2013 Response Letter
Comments:	
Attachment(s):	20130703 CR 137.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	AMMS-128988457	State Tracking #:	277948	Company Tracking #:	CO 137
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State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Satisfied - Item:	Consumer Retention Exhibit
Comments:	
Attachment(s):	Consumer Retention Exhibit.xls
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Attachment Part I - Federal URRT.xlsm is not a PDF document and cannot be reproduced here.

Attachment State of Colorado - Rate Sample.xlsx is not a PDF document and cannot be reproduced here.

Attachment State of Colorado - Rate Sample.xlsx is not a PDF document and cannot be reproduced here.

Attachment CO Confidential Trend Exhibit.xlsx is not a PDF document and cannot be reproduced here.

Attachment Consumer Retention Exhibit.xls is not a PDF document and cannot be reproduced here.

COLORADO CONFIDENTIALITY INDEX
REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

1. Identification of Party Requesting Confidential or Privileged Status:

Name:	Michelle L. Peters
Company:	All Savers Insurance Company
Address:	PO Box 19032
	Green Bay, WI 54307-19032
Email Address:	michelle_peters@goldenrule.com
Telephone:	(920) 661-1252
Facsimile:	(920) 661-9855

2. Identification of information or documents for which confidential or privileged status is requested. All of the columns must be completed.

ID No.	Description of Each Different Section or Page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (Cite legal authority)	Reason Why It Applies
01	[Part III - Federal Actuarial Memorandum] § General Information	06/04/13	All Savers Insurance Company	Colorado Division of Insurance	45 CFR 5.65 and C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Contact information is strictly confidential.
02	[Part III - Federal Actuarial Memorandum] § Credibility Manual Rate Development	06/04/13	All Savers Insurance Company	Colorado Division of Insurance	45 CFR 5.65 and C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's morbidity experience would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.
03	[Part III - Federal Actuarial Memorandum] § Non-Benefit Expenses and Risk Margin	06/04/13	All Savers Insurance Company	Colorado Division of Insurance	45 CFR 5.65 and C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's expense assumptions would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.

COLORADO
Part III - Federal Actuarial Memorandum (URRT)
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915

Purpose

Following is a rate filing prepared by All Savers Insurance Company. This filing has been prepared to provide the necessary information required by the Department of Health & Human Services.

The purpose of this actuarial memorandum is to provide information relevant to Part I - Unified Rate Review Template (URRT).

This memorandum is intended solely for the information of and use by the Department of Health & Human Services and the Colorado Division of Insurance. It will demonstrate compliance with state and federal laws and regulations and is not intended to be used for any other purpose.

General Information

Company Identifying Information

Company Legal Name: All Savers Insurance Company
Company State: Colorado
HIOS Issuer ID: 92137
Market: Individual
Effective Date: 01/01/2014

Company Contact Information

Contact information is strictly confidential. Please see Confidentiality Index ID No. 01.

Proposed Rate Increase(s)

This is an initial filing. No rate increase is requested at this time.

Experience Period Premium and Claims

All Savers Insurance Company has no existing individual market blocks of business in Colorado. Therefore, no historical claims experience exists. Since the Unified Rate Review Template requires entry of data in this section, amounts of \$1 were entered so that the spreadsheet data could be validated and submitted.

Benefit Categories

All Savers Insurance Company has no existing individual market blocks of business in Colorado. Therefore, no historical claims experience exists.

Projection Factors

All Savers Insurance Company has no existing individual market blocks of business in Colorado. Therefore, no historical claims experience exists and no adjustment factors were applied.

Credibility Manual Rate Development

Data Used – Source and Appropriateness

These rates are intended to be used on a guarantee issue basis. As All Savers Insurance Company does not have any relevant historical experience for individual medical guarantee issue products, we relied on the guarantee issue claims experience and rate development of affiliated small group carriers to develop the credibility manual rate.

The experience used in the development of these rates is net of the appropriate coordination of benefit recoveries. Therefore, the rates reflect the necessary equitable reduction in premiums or costs to beneficiaries of such other insurance or contract rights.

Data Adjustments

A key assumption in our manual rate development was the estimated morbidity differential between the individual and small group markets. Our judgment was that historical morbidity differentials for very small size employer groups versus the small group overall average would be an appropriate indicator for this morbidity differential. Please see Confidentiality Index ID No. 02 for a chart of the historical experience of our affiliated small group carrier for the following group size categories: 1-employee, 1-3 employees, and 1-50 employees. While historical morbidity for 1-employee groups could indicate a morbidity load of up to 100%, we have chosen an assumption that is closer to the load implied by experience for groups of 1-3 employees. We assumed morbidity of this product to be 1.15 times that of a comparable small group product.

Credibility of Experience

All Savers Insurance Company has no existing individual market business, so zero credibility is applied to the base period experience. We believe that the affiliated small group experience used for developing the manual rates for this product to be fully credible. We did not use a specific credibility formula for this determination, but rather informed actuarial judgment. As ASOP 25, section 3.4 states: “Informed Actuarial Judgment - Any credibility procedure requires the actuary to exercise informed judgment, using relevant information. The use of credibility procedures is not always a precise mathematical process.” In addition, the small group experience meets the Colorado requirements for full credibility.

Paid To Allowed Ratio

A paid-to-allowed ratio was estimated for each plan by trending small group claims experience to 2014 and accounting for the variation in cost-sharing parameters. These ratios were then weighted by the projected membership per plan to calculate the paid-to-allowed average factor shown in Worksheet 1.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

We are assuming zero net payment for risk adjustments.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

We assume that the projected reinsurance recoveries net of reinsurance premium will be 11.88% of incurred claims. This amount was derived using 2012 individual Colorado experience, which was then trended to 2014. The recoveries were calculated using the 2014 reinsurance parameters, as published on 03/11/2014 in the Federal Register.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The 9.69% Administrative Expense Load in Worksheet 1 includes commissions, quality improvements, and SG&A. Please see Confidentiality Index ID No. 03 for more detail.

Profit & Risk Margin

The target underwriting gain is approximately 4.0% after-tax. Please see the chart below for more details.

Premium	100.0%
Claims	-89.0%
Reinsurance Recoveries	11.8%
Quality Improvements	-0.2%
Risk Adjustment Payments	0.0%
Premium Tax	-2.0%
Reinsurance Fee	-1.2%
Risk Adjustment User Fee	0.0%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Commission	-2.5%
SG&A	-7.0%
Pre-Tax Income:	6.9%
Income Tax *	-3.0%
After-Tax Income:	4.0%

** Income Tax is based on 35% *(Pre-Tax Income + Insurer Fees).*

Taxes and Fees

The 7.87% Taxes and Fees in Worksheet 1 includes premium tax, insurer fees, risk adjustment fees, exchange fees, and federal income tax. Please see Confidentiality Index ID No. 03 for more detail.

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology for calendar year 2014 is 85.2%.

Claims	89.0%
Reinsurance Recoveries	-11.8%
Quality Improvements	0.2%
Risk Adjustment Payments	0.0%
Total MLR Claims	77.5%
Premium	100.0%
Premium Tax	-2.0%
Income Tax *	-3.0%
Reinsurance Fee	-1.2%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Risk Adjustment User Fee	0.0%
Total MLR Premium	90.9%
MLR:	85.2%

** Income Tax is based on 35% *(Pre-Tax Income + Insurer Fees).*

Index Rate

The Index Rate is the allowed claims PMPM for essential health benefits, which we estimate is 100% of our expected allowed claims in the state of Colorado. As shown in the Unified Rate Review Template, the projected Index Rate for 2014 is \$568.56.

AV Metal Values

The AV Metal Values were entirely based on the AV Calculator. No alternative methodology was used.

AV Pricing Values

The Copay Plan Silver A is the fixed reference plan selected as the basis for the AV Pricing Values (factor of 1.000). The variation in rating factors for the other plans is based on the actuarial value and cost-sharing design relative to the Copay Plan Silver A.

The medical plan price relativities were developed using the proprietary UnitedHealthcare pricing model. This model uses UnitedHealthcare nationwide experience data, and is fully credible. Claims data is then projected to the pricing period based on national projections of utilization and unit costs. These projections are done at the service category (inpatient, outpatient, etc.) level. Benefit design parameters such as deductibles, copays, and coinsurance are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences.

In order to preserve consistency, the same claims experience and projection assumptions are applied to all plan relativity calculations. The plan specific adjustments to the market wide index rate do not reflect differences in health status or risk selection.

Membership Projections

Since this is a new product with no historical experience, membership was estimated based on informed judgment.

Terminated Products

No products are being terminated. All Savers Insurance Company has no existing individual market business.

Plan Type

We have selected a plan type of EPO for each plan, which describes the plans exactly.

Warning Alerts

There is one Warning Alert in Section IV of Worksheet II. We are reporting the Total Allowed Claims in Worksheet II before the reinsurance recoveries and risk adjustment payments. The amount from Worksheet I is shown after these adjustments have been made.

Reliance

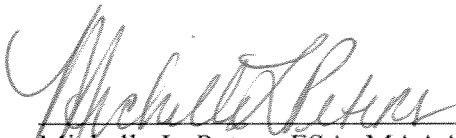
Due to responsibility allocation, I relied on UHC's Finance Department for administrative expense information. Additionally, I relied on other UHC actuaries that have responsibility for small group rate development to provide the affiliated carrier experience data and the rate development for the 2014 small group rates.

Actuarial Certification

I, Michelle L. Peters, am a Director of Actuarial Services for United Healthcare's Individual Line of Business, which includes All Savers Insurance Company's health insurance products marketed to individuals. I am a member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment:

- The projected Index Rate is in compliance with all applicable State and Federal Statutes and Regulations, and it was developed in compliance with the applicable Actuarial Standards of Practice.
- The benefits are reasonable in relation to the premiums charged and the population anticipated to be covered. In addition, premiums are not inadequate, excessive, or unfairly discriminatory.
- Only the allowable modifiers were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values for the metal level plans.
- The Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges, and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



Michelle L. Peters, FSA, MAAA
Director, Actuarial Services

6/6/13
Date



May 9, 2013
NAIC: 0707-82406

Hon. Jim Riesberg, Commissioner
Colorado Division of Insurance
1560 Broadway, Suite 850
Denver, Colorado 80202

**RE: All Savers Insurance Company
New Policy Forms GIP-X1-E-ASI-05, et al.**

Enclosures:

CO Confidentiality Index	[CO Confidentiality Index.pdf]
CO Actuarial Memorandum related to Regulation 4-2-11	[CO Actuarial Memo (Reg 4-2-11).pdf]
Supporting Confidential Data	[CO Supporting Confidential Data.pdf]
Rate Manual	[CO Exchange Rate Manual.pdf]
Sample Rate Calculation	[CO Rate Sample.pdf]
Part I - Unified Rate Review Template (URRT)	[Part I - Federal URRT.pdf]
Part III - Actuarial Memorandum related to Part I	[Part III - Federal Actuarial Memo.pdf]
Part III - Confidentiality Index related to Part III	[Part III - Federal Confidentiality Index.pdf]
Part III - Confidential Data related to Part III	[Part III - Federal Supporting Confidential Data.pdf]
Unique Plan Design Documentation & Justification	[Unique Plan - HSA Plan Bronze.pdf]

Dear Mr. Riesberg:

We have enclosed true individual premium rates applicable to comprehensive major medical plans provided by policy forms GIP-X1-E-ASI-05, et al. These are new policy forms expected to be sold in the Colorado Health Benefit Exchange (COHBE) on or after October 1, 2013, for effective dates January 1, 2014 and later. Initial rates are being filed at this time.

If you have any questions about this filing, please call me at (920) 661-1252 or e-mail me at michelle_peters@goldenrule.com.

Sincerely,

Michelle L. Peters, FSA, MAAA
Director, Actuarial Services

COLORADO CONFIDENTIALITY INDEX
REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

1. Identification of Party Requesting Confidential or Privileged Status:

Name: Michelle L. Peters
Company: All Savers Insurance Company
Address: PO Box 19032
Green Bay, WI 54307-19032
Email Address: michelle_peters@goldenrule.com
Telephone: (920) 661-1252
Facsimile: (920) 661-9855

2. Identification of information or documents for which confidential or privileged status is requested. All of the columns must be completed.

ID No.	Description of Each Different Section or Page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (Cite legal authority)	Reason Why It Applies
01	[CO Actuarial Memo] §H. Relationship of Benefits to Premium	06/04/13	All Savers Insurance Company	Colorado Division of Insurance	C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's retention component justifications would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.
02	[CO Actuarial Memo] §K. Complete Explanation as to How the Proposed Rates were Determined	06/04/13	All Savers Insurance Company	Colorado Division of Insurance	C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's base rate development would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.
03	[CO Actuarial Memo] §K. Complete Explanation as to How the Proposed Rates were Determined	06/04/13	All Savers Insurance Company	Colorado Division of Insurance	C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's area factor analysis would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.
04	[CO Confidential Trend Exhibit.xlsx]	06/04/13	All Savers Insurance Company	Colorado Division of Insurance	C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's trend data would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.

COLORADO
Actuarial Memorandum
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915

A. Summary:

Purpose of Rate Filing

Following is a rate filing prepared by All Savers Insurance Company. This filing is intended solely for the information of and use by your state's insurance department. It has been prepared according to Colorado Insurance Regulation 4-2-11 §6, as well as more recent guidance from the Colorado Division of Insurance. This filing will demonstrate compliance with Colorado laws and regulations and is not intended to be used for any other purpose.

The purpose of this rate filing is to file our initial rates for a true individual product to be made available through the Colorado Health Benefit Exchange (COHBE).

Marketing Method(s)

These policies will be available through direct marketing and/or brokerage operations, including arrangements for marketing through other carriers who do not have their own individual medical products.

Premium Classifications

Premium is determined by plan, age (3:1 scale), tobacco-use (1.15:1), and place of residence upon premium due date. Attached is a rate manual which includes a monthly base rate and factors to adjust for these classifications. Adjustments are applied to all pricing categories.

Product Description

Each plan covers a percentage, equal to the coinsurance level, of the covered inpatient and outpatient major medical expenses in excess of a selected deductible up to the out-of-pocket maximum, and 100% of covered expenses thereafter.

<u>Plan Name</u>	<u>Coinsurance Level</u>	<u>Deductible</u>	<u>Actuarial Value</u>
Copay Plan Platinum	90%	\$500	88.0%
Copay Plan Gold B	80%	\$1,000	78.3%
Copay Plan Gold C	80%	\$1,500	78.0%
Copay Plan Silver A	70%	\$2,500	69.0%
Copay Plan Silver C	80%	\$5,000	68.1%
Copay Plan Bronze A	80%	\$5,500	60.9%
HSA Plan Silver	100%	\$3,650	68.0%
HSA Plan Bronze	100%	\$6,350	58.0%
Catastrophic Plan	100%	\$6,350	N/A

Certain covered expenses are not subject to the base plan deductible and/or coinsurance but may be subject to a separate deductible and/or copay amounts. Deductibles are on a calendar year basis. There are additional limitations and exclusions for some specific services. For the HSA Plans, there are embedded individual deductibles as well as an overall family deductible on a family policy. The HSA deductibles may index annually based on federal tax qualification requirements. For the Catastrophic Plan, three primary care office visits are covered not subject to the deductible.

Each plan covers the following benefits. Limits may apply to some services.

- Allergy Testing & Treatment
- Amino Acid Modified Products
- Blood & Blood Products
- Cleft Lip/Palate
- Dental Anesthesia
- Diagnostic Testing
- Durable Medical Equipment
- Family Planning
- Hearing Services & Aids
- Hospice Care
- Inherited Enzymatic Disorders
- Medical Supplies
- Physician Fees for Surgical & Medical Services
- Prescription Drugs
- Preventive Screenings
- Prosthetic Devices
- Rehabilitation & Extended Care Facility
- TMJ Services
- Transplants
- Ambulance Services
- Applied Behavioral Analysis
- Child Health Supervision Services
- Clinical Trials
- Diabetes Services
- Dialysis
- Emergency Services
- Habilitative Services
- Home Health Care
- Hospitalization
- Mastectomy
- Mental Disorders & Substance Abuse
- Pregnancy & Delivery
- Preventive Care
- Prostate Cancer Screenings
- Reconstructive Surgery
- Surgery
- Therapeutic Treatments
- Urgent Care Center Services

Policy Forms Impacted

GIP-X1-E-ASI-05, etc.

Age Basis

Premium varies on an attained-age basis.

Renewability

The policies are guaranteed renewable as defined by the Health Insurance Portability and Accountability Act of 1996 (HR3103) which was effective July 1, 1997.

B. Assumption, Acquisition or Merger

The products included in this filing were not part of an assumption, acquisition or merger.

C. Rating Period:

These policies will be available through the Colorado Health Benefit Exchange (COHBE) on or after October 1, 2013, for effective dates January 1, 2014 through December 31, 2014.

D. Underwriting:

These rates are intended to be used for policies issued on a guarantee issue basis.

E. Effect of Law Changes:

These are new policy forms that have been formulated to comply with all state and federal rating requirements.

F. Rate History:

These are new policy forms. No rate history exists under these forms.

G. Coordination of Benefits:

The experience used in the development of these rates is net of appropriate coordination of benefit recoveries. Therefore, the rates reflect the necessary equitable reduction in premiums or costs to beneficiaries of such other insurance or contract rights.

H. Relationship of Benefits to Premium:

We expect our total retention percentage over the 01/01/2014 – 12/31/2014 rating period to be 22.7% of premium. Expenses over this timeframe are summarized in the table below. Please see Confidentiality Index ID No. 01 for the support of each component.

Description	Percentage
Commissions	2.5%
General Expenses	7.0%
Premium Taxes	2.0%
Profit/Contingencies (pre-tax)	6.9%
Investment Income	0.0%
Exchange Fee	1.4%
PPACA Fees	2.7%
Other	0.2%
Total Retention	22.7%

I. Lifetime Loss Ratio:

This product was not priced using a lifetime loss ratio standard. This product was priced to comply with all state and federal requirements.

J. Provision for Profit and Contingencies:

The target underwriting gain for this product is 4.0% after-tax. Please see the table below for further details of this calculation.

Premium	100.0%
Claims	-89.0%
Reinsurance Recoveries	11.8%
Quality Improvements	-0.2%
Risk Adjustment Payments	0.0%
Premium Tax	-2.0%
Reinsurance Fee	-1.2%
Risk Adjustment User Fee	0.0%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Commission	-2.5%
SG&A	-7.0%
Pre-Tax Income:	6.9%
Income Tax *	-3.0%
After-Tax Income:	4.0%

** Income Tax is based on 35% *(Pre-Tax Income + Insurer Fees).*

K. Complete Explanation as to How the Proposed Rates were Determined:

Following is an explanation for how each of the rating factors in the rate manual was determined.

Monthly Base Rate Development

Our starting monthly base rate, as indicated in the rate manual is \$334.82. To develop our individual monthly base rate, we started with small group data from affiliated carriers and made the appropriate adjustments to reach our final individual base rate. We adjusted the small group January 2014 rate for premium and benefit differentials between our individual product and the small group product using comparable plans. The monthly base rate level, as well as other pricing factors, will continue to be monitored and evaluated with changes proposed in the future as appropriate. Please see Confidentiality Index ID No. 02 for the detailed conversion from small group to our individual monthly base rate. A few details are provided below.

A key assumption used in our individual premium load was the estimated morbidity differential between the individual and small group markets. Our judgment was that historical morbidity differentials for very small size employer groups versus the small group overall average would be an appropriate indicator for this morbidity differential. Please see Confidentiality Index ID No. 02 for a chart of the historical experience of our affiliated small group carrier for the following group size categories: 1-employee, 1-3 employees, and 1-50 employees. While historical morbidity for 1-employee groups could indicate a morbidity load of up to 100%, we have chosen an assumption that is closer to the load implied by experience for groups of 1-3 employees. We assumed morbidity of this product to be 1.15 times that of a comparable small group product.

We also assumed 13.2% of incurred claims will be reimbursed as reinsurance recoveries. This estimate was derived using 2012 individual Colorado experience, which was then trended to 2014. The recoveries were calculated using the 2014 reinsurance parameters, as published on 03/11/2014 in the Federal Register, and calculated as a percentage of incurred claims.

The individual 2014 target loss ratio was calculated to yield an income level of 4.0% after-tax. With this methodology, the projected medical loss ratio meets federal MLR requirements as shown in §P of this memorandum. The 77.3% target loss ratio was calculated as $(\text{Claims} - \text{Reinsurance Recoveries}) / \text{Premium} = (89.0\% - 11.8\%) / 100.0\% = 77.2\%$ (the difference is due to rounding).

Plan Factor Development

The Copay Plan Silver A is the fixed reference plan selected as the basis for the AV Pricing Values (factor of 1.000). The variation in rating factors for the other plans is based on the actuarial value and cost-sharing design relative to the Copay Plan Silver A.

The medical plan price relativities were developed using the proprietary UnitedHealthcare pricing model. This model uses UnitedHealthcare nationwide experience data and is fully credible. Claims data is then projected to the pricing period based on national projections of utilization and unit costs. These projections are done at the service category (inpatient, outpatient, etc.) level. Benefit design parameters such as deductibles, copays, and coinsurance are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity. All benefit plans are priced consistently with each other, with the rates different only

by the estimated value of the benefit differences. The plan specific adjustments to the market wide index rate do not reflect differences in health status or risk selection.

In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

Age Factor Development

Age factors follow the federally required 3:1 age curve.

Tobacco Factor Development

The tobacco factor is 1.15 for all ages.

Rating Area Factor Development

An area factor analysis was performed by affiliated small group carriers and is summarized in Confidentiality Index ID No. 03. The purpose of this study was to: a) re-evaluate their current area factors versus the newly defined rating areas and b) compare updated study results to determine if any changes should be made to the area factors once redefined for the new rating areas. The counties were first re-grouped into the newly approved rating areas. The “current” area factors were calculated using premium weighting from non-grandfathered non-BG1 business along with currently approved small group area factors. To ensure credibility in the analyses, Colorado data from HMO and insurance product lines was combined. An analysis of recent historical medical cost data was performed by the new rating areas with adjustments to reflect upcoming provider contract changes within each area. This study was based on data for small group and large group contracting combined. We used the results of this study taking into account the credibility of each rating area on its own to create our area factors.

We will continue to monitor experience in all of the rating areas, and propose revisions as appropriate. This product will be available in the counties listed within the attached rate manual.

Index Rate Development

The Index Rate in the Unified Rate Review Template is the projected average allowed claims PMPM for essential health benefits, which we estimate is 100% of our expected allowed claims in the state of Colorado. As shown in the Unified Rate Review Template, the projected Index Rate for 2014 is \$568.56.

L. Trend:

Based on an analysis of our affiliated small group carrier’s experience, we estimate that future increases in medical and pharmacy costs will emerge at about 9.1%. The projected trend has been calculated using Colorado small group and large group experience combined. Medical trend is about 7.5% and insurance trend is about 1.5% (these components are multiplicative). See the chart below for further details.

Proposed Pricing Trend by Component	
Provider price increase	4.8%
Utilization changes	1.8%
Cost shifting	0.0%
Procedures and new technology	0.8%
Total Medical/Pharmaceutical Trend	7.5%
Underwriting wear-off / Demographic adjustment	0.0%
Deductible leveraging	1.5%
Anti-selection	0.0%
Total Insurance Trend	1.5%
Total Annualized Pricing Trend	9.1%

Please see Confidentiality Index ID No. 04 for an illustration of the 9.1% pricing trend. Providing this exhibit does not imply that the UHC actuaries believe that it is appropriate to use Colorado only experience. Rather, this exhibit serves to show the volatility observed in this segment and the difficulties faced when projecting the utilization component of pricing trend based on the experience of the segment alone. The components of the 9.1% pricing trend are provided above. We propose setting our future medical and pharmaceutical pricing trend rates to these levels.

Past data, various models, and business judgment of future economic developments are all used in estimating future trend, and as such, we believe our 9.1% trend assumption is reasonable. At UnitedHealthcare, we have a team of actuaries whose responsibilities include developing forward-looking trend projections and monitoring historical performance in relation to trend. We rely on this team to provide guidance on trends appropriate for Colorado rate development.

M. Credibility:

There is no experience for these new forms. Thus, morbidity is based on guaranteed issue small group products from an affiliated carrier whose experience meets Colorado's standard for fully credible data.

N. Data Requirements:

These are new policy forms. No historical experience exists under these forms. Our rates were developed based on data provided by affiliated small group carriers. The experience is shown below. This exhibit shows experience data for non-grandfathered (NGF), non-BG1 groups. The earned premium and loss experience data is on a Colorado-only basis. The small group experience meets the Colorado credibility standards of more than 2,000 claims.

Period	Policy-holder Count	Average Covered Lives	Earned Premium	Medical Expense	Estimated IBNR Claims	Loss Ratio	Approximate Claims Count ⁽²⁾
2008 Calendar Year		82,922	330,356,108	266,991,599	Not Avail.	80.8%	-
2009 Calendar Year	9,325	82,896	345,828,082	306,431,878	Not Avail.	88.6%	1,400,000
2010 Calendar Year	9,382	74,548	339,939,089	283,013,790	Not Avail.	83.3%	1,250,000
NGF plans, non-BG1s							
2011 Calendar Year ⁽¹⁾	9,204	74,147	332,877,768	264,867,170	-203,448	79.6%	1,250,000
2012 Calendar Year ⁽¹⁾	9,485	73,955	334,342,242	264,296,433	2,865,204.85	79.0%	1,250,000

⁽¹⁾ includes Rx rebates, prior years do not include Rx rebates since that data was not available.

⁽²⁾ This is an estimate of the minimum number of claims for this time period.

Grandfathered groups are assumed the same from 2011 to 2012

O. Side by Side Comparison:

These are new policy forms. No rate history exists under these forms.

P. Benefits Ratio Projections:

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2014 is 85.2%. See the chart below for further details.

Claims	89.0%
Reinsurance Recoveries	-11.8%
Quality Improvements	0.2%
Risk Adjustment Payments	0.0%
Total MLR Claims	77.5%
Premium	100.0%
Premium Tax	-2.0%
Income Tax *	-3.0%
Reinsurance Fee	-1.2%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Risk Adjustment User Fee	0.0%
Total MLR Premium	90.9%
MLR:	85.2%

** Income Tax is based on 35% *(Pre-Tax Income+Insurer Fees).*

Q. Other Factors:

The monthly base rate and factors to adjust for age, benefit design, geographic area and tobacco-use status are detailed in the rate manual provided. Support for these factors can be found in section K of this memorandum.


R. Rating Manuals and Underwriting Guidelines:

The rate manual used to calculate rates for this true individual product is included with this filing. These rates are intended to be used for policies issued on a guarantee issue basis. Therefore, there are no underwriting guidelines.

S. Actuarial Certification:

I, Michelle L. Peters, am a Director of Actuarial Services for UnitedHealthcare's Individual Line of Business, which includes All Savers Insurance Company's health insurance products marketed to individuals. I am a member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering statements of actuarial opinion, with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of your state, and the benefits are reasonable in relation to the premiums charged. In addition, premium rates are not excessive, inadequate, or unfairly discriminatory.


Michelle L. Peters, FSA, MAAA
Director, Actuarial Services

6/4/13
Date

CONFIDENTIAL HANDLING REQUESTED

COLORADO
Supporting Confidential Data
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915

Confidentiality Index ID No. 01 - CO Actuarial Memo §H - Relationship of Benefits to Premium:

We expect our total retention percentage over the 01/01/2014 – 12/31/2014 rating period to be 22.7% of premium. Expenses over this timeframe are summarized in the table below.

Description	Percentage	Support
Commissions	2.5%	The COHBE has expressed that individual membership acquired through brokers is assumed to be 25% of total sales. Assuming average commissions are 10% of commissionable earnings, then 2.5% of the <i>total premium</i> is allocated for commissions (i.e. 25% x 10% \approx 2.5%).
General Expenses	7.0%	We assume our general and administrative expenses will be similar to our affiliated small group carrier, which is estimated to be about \$30.42 per member per month. For this product in the state of Colorado, this equates to approximately 7.0% of premium for 2014.
Premium Taxes	2.0%	The premium tax rate is 2.0% in the state of Colorado.
Profit/Contingencies	6.9%	This is pre-tax.
Investment Income	0.0%	N/A
Exchange Fee	1.4%	The COHBE Board approved a 1.4% user fee on all policies sold in the exchange. We don't plan to sell these policies out of the exchange.
PPACA Fees	2.7%	<u>Reinsurance Fees</u> : A value of \$5.25 per member per month has been determined per HHS regulation for 2014 reinsurance fees. For this product in the state of Colorado, this equates to approximately 1.2% of premium for 2014. <u>Insurer Fees</u> : This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years). Each insurance carrier's assessment will be based on earned health insurance premiums in the prior year, with certain exclusions. UnitedHealthcare (parent company of All Savers Insurance Company) estimates 1.5% of 2014 premium will be allocated for insurer fees. <u>Risk Adjustment Fees</u> : The HHS Notice of Benefit and Payment Parameters includes a section on risk adjustment user fees and specifies a \$0.08 per member per month user fee for the benefit year 2014. For this product in the state of Colorado, this equates to approximately 0.02% of premium for 2014.
Other	0.2%	We assumed a 0.2% adjustment for quality improvement expenses based on data from an affiliated carrier.
Total Retention	22.7%	

CONFIDENTIAL HANDLING REQUESTED

Confidentiality Index ID No. 02 - CO Actuarial Memo §K - Complete Explanation as to How the Proposed Rates were Determined:

Monthly Base Rate Development

INDIVIDUAL MONTHLY BASE RATE DEVELOPMENT	
Small Group January 2014 Medical + Rx Premium Rate	
Small Group January 2014 Medical Base Rate	\$114.91
Small Group January 2014 Medical Rx Rate	19.88
Small Group January 2014 Medical Plan Factor	2.676
Small Group January 2014 Rx Plan Factor	1.858
Small Group January 2014 Premium Rate (= 114.91*2.676 + 19.88*1.858)	344.47
Individual Premium Load versus Small Group	
Small Group January 2014 Premium Rate	344.47
Small Group 2014 Target Loss Ratio	75.7%
Small Group 2014 Projected Claims PMPM (= 344.47*0.757)	260.81
Projected Individual Morbidity Increase Over Small Group	15.0%
Preliminary Individual 2014 Projected Claims PMPM (= 260.81* (1+0.15))	299.94
Projected Individual Reinsurance Receivable as % of Claims	-13.2%
Individual 2014 Projected Claim PMPM net of Reinsurance Recovered (= 299.94* (1-0.132))	260.25
Individual 2014 Target Loss Ratio (Calculated to Yield 4% After-Tax Gain)	77.3%
Individual 2014 Projected Premium PMPM with Retention (= 260.25/0.773)	336.89
Small Group January 2014 Premium Rate (from above)	344.47
Individual Premium Load versus Small Group (= 336.89/344.47 -1)	-2.2%
Individual Benefit Differential	
Individual Adjustment for Plan Benefit Differential from Comparable Small Group Plan	-0.6%
Final Individual Base Rate (=344.47*(1+-0.022)*(1-0.006))	\$334.82

Small Group Experience by Group Size

The chart below shows the historical experience of our affiliated small group carrier. We assumed morbidity of this product to be 1.15 times that of a comparable small group product.

Number Employees	Premium	Claims	Member Months	Premium PMPM	Claims PMPM	Loss Ratio	Claims vs. 1-50 ees
1 ee	10,216,171	12,740,582	20,887	489	610	124.7%	1.92
1-3 ees	61,595,305	66,889,457	147,234	418	454	108.6%	1.43
1-50 ees	388,972,722	321,299,442	1,011,215	385	318	82.6%	1.00

CONFIDENTIAL HANDLING REQUESTED

Confidentiality Index ID No. 03 - CO Actuarial Memo §K - Complete Explanation as to How the Proposed Rates were Determined:

Rating Area Factor Development

New Area Numbers Approved by HHS for CO DOI	Number of Members in UHC Area Factor Study (SB, 51-99 & LG)	On Level Premium for SB & NGF & Non-BG1 in EP using Current Filed Rates & Factors	Current Small Group Area Factors	Final Supportable Area Factor (reflecting Provider Contracting)	Final Recommended Factor
3	81,906	254,057,342	0.926	0.918	0.918
7	4,152	10,454,031	0.914	0.891	0.905
8	1,031	1,461,562	1.235	0.955	0.955
9	784	3,925,258	1.311	1.193	1.193
10	1,271	4,473,507	1.308	1.178	1.178

This document contains information that consists of confidential, proprietary trade secrets under state and federal law. This information is exempt from disclosure under Exemption 4 of the U.S. Freedom of Information Act, 5 U.S.C. §552. It is also a trade secret or confidential commercial or financial information as defined in 45 CFR §5.65 and protected from disclosure under 45 CFR §§5.1 – 5.69, and 45 CFR §154.215 (i)(2). It is also strictly confidential and protected from disclosure by C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA). It may not be disclosed to any other person, including state or federal regulatory agencies, unless All Savers Insurance Company consents to the disclosure and the recipient agrees in writing prior to receipt to maintain the confidential, proprietary, trade secret nature of the information contained herein.

CONFIDENTIAL HANDLING REQUESTED

COLORADO
Supporting Confidential Data
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915

ID No. 01 - General Information:

Company Contact Information

Primary Contact Name: Michelle Peters

Primary Contact Telephone Number: (920) 661-1252

Primary Contact Email Address: michelle_peters@goldenrule.com

ID No. 02 - Credibility Manual Rate Development:

Data Adjustments

The chart below shows the historical experience of our affiliated small group carrier. We assumed morbidity of the product to be 1.15 times that of a comparable small group product.

Colorado Experience							
	Premium	Claims	Member Months	Premium PMPM	Claims PMPM	Loss Ratio	Claims vs 1-50 ees
1 ee	10,216,171	12,740,582	20,887	489	610	124.7%	1.92
1-3 ees	61,595,305	66,889,457	147,234	418	454	108.6%	1.43
1-50 ees	388,972,722	321,299,442	1,011,215	385	318	82.6%	

This document contains information that consists of confidential, proprietary trade secrets under state and federal law. This information is exempt from disclosure under Exemption 4 of the U.S. Freedom of Information Act, 5 U.S.C. §552. It is also a trade secret or confidential commercial or financial information as defined in 45 CFR §5.65 and protected from disclosure under 45 CFR §§5.1 – 5.69, and 45 CFR §154.215 (i)(2). It is also strictly confidential and protected from disclosure by C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA). It may not be disclosed to any other person, including state or federal regulatory agencies, unless All Savers Insurance Company consents to the disclosure and the recipient agrees in writing prior to receipt to maintain the confidential, proprietary, trade secret nature of the information contained herein.

CONFIDENTIAL HANDLING REQUESTED

ID No. 03 - Non-Benefit Expenses and Risk Margin:

Administrative Expenses

The 9.69% Administrative Expense Load in Worksheet 1 includes commissions, quality improvements, and SG&A.

1. Commissions: The COHBE has expressed that individual membership acquired through brokers is assumed to be 25% of total sales. Assuming average commissions are 10% of commissionable earnings, then 2.5% of the *total premium* is allocated for commissions (i.e. $25\% \times 10\% = 2.5\%$).
2. Quality Improvements: We assumed a 0.2% adjustment for quality improvement expenses based on data from an affiliated carrier.
3. SG&A: We assume our general and administrative expenses will be similar to our affiliated small group carriers, which is estimated to be approximately \$30.42 per member per month. For this product in the state of Colorado, this equates to approximately 7.0% of premium for 2014.

Taxes and Fees

The 7.87% Taxes and Fees in Worksheet 1 includes premium tax, insurer fees, risk adjustment fees, exchange fees, and federal income tax.

1. Premium Tax: The premium tax rate is 2.00% in the state of Colorado.
2. Insurer Fees: This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on earned health insurance premiums in the prior year, with certain exclusions. UnitedHealthcare (parent company of All Savers Insurance Company) estimates 1.50% of 2014 premium will be allocated for insurer fees.
3. Risk Adjustment Fees: The HHS Notice of Benefit and Payment Parameters includes a section on risk adjustment user fees and specifies a \$0.08 per member per month user fee for the benefit year 2014. For this product in the state of Colorado, this equates to approximately 0.02% of premium for 2014.
4. Exchange Fees: The COHBE Board approved a 1.40% user fee on all policies sold in the exchange. We do not plan to off these plans off the exchange.
5. Federal Income Tax: Income tax results in 2.95% of premium and is calculated as $35\% \times (\text{Pre-Tax Income} + \text{Insurer Fees})$, since insurer fees are not tax deductible.

This plan is coded as unique because although the resulting actuarial value is 58.0% (when rounded to the nearest tenth of a percentage point) the result indicates that it is outside of the +/- 2% de minimis range.

According to page 9 of the document "Actuarial Value Calculator Methodology", the calculator is designed to produce an AV rounded to the nearest tenth of a percentage point.

Under that standard this plan meets the requirements for the bronze metal tier.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR Standard?

☐

Desired Metal Tier

Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution?	Blended Network/POS Plan?
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$500.00	\$6,350.00			
Coinsurance (% ,Insurer's Cost Share)	80.00%	75.00%	100.00%			
OOP Maximum (\$)	\$6,350.00		\$6,350.00			
OOP Maximum if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Output

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value:	58.0%
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Metal Tier:

All Savers Insurance Company
Forms for GIP-X1-E-ASI-05
Colorado Health Benefit Exchange Individual Market Plans

FORM DESCRIPTION	FORM NUMBER
Policy Form for Copay Platinum plan	GIP-X1-E-ASI-CPP-05
Data Page for Copay Platinum	GIP-X1-E-ASI-05P1
Policy Form for Copay Gold B plan	GIP-X1-E-ASI-CPGB-05
Data Page for Copay Gold B	GIP-X1-E-ASI-05G2
Policy Form for Copay Gold C	GIP-X1-E-ASI-CPGC-05
Data Page for Copay Gold C	GIP-X1-E-ASI-05G3
Policy Form for Copay Silver A	GIP-X1-E-ASI-CPSA-05
Data Page for Copay Silver A	GIP-X1-E-ASI-05S2
Data Page for Cost Sharing Reduction Silver A1	GIP-X1-E-ASI-05S8
Data Page for Cost Sharing Reduction Silver A2	GIP-X1-E-ASI-05S9
Data Page for Cost Sharing Reduction Silver A3	GIP-X1-E-ASI-05S10
Policy Form for Copay Silver C	GIP-X1-E-ASI-CPSC-05
Data Page for Copay Silver C	GIP-X1-E-ASI-05S4
Data Page for Cost Sharing Reduction Silver C1	GIP-X1-E-ASI-05S14
Data Page for Cost Sharing Reduction Silver C2	GIP-X1-E-ASI-05S15
Data Page for Cost Sharing Reduction Silver C3	GIP-X1-E-ASI-05S16
Policy Form for Copay Bronze	GIP-X1-E-ASI-CPB-05
Data Page for Copay Bronze	GIP-X1-E-ASI-05B2
Policy Form for HSA Silver	GIP-X1-E-ASI-HSAS-05
Data Page for HSA Silver	GIP-X1-E-ASI-05S1
Data Page for Cost Sharing Reduction HSA Silver 1	GIP-X1-E-ASI-05S5
Data Page for Cost Sharing Reduction HSA Silver 2	GIP-X1-E-ASI-05S6
Data Page for Cost Sharing Reduction HSA Silver 3	GIP-X1-E-ASI-05S7
Policy Form for HSA Bronze	GIP-X1-E-ASI-HSAB-05
Data Page for HSA Bronze	GIP-X1-E-ASI-05B1
Policy Form for Catastrophic plan	GIP-X1-E-ASI-CAT-05
Data Page for Catastrophic plan	GIP-X1-E-ASI-05C1
Data Page for Native American No Cost Sharing plan	GIP-X1-E-ASI-05NAZ



Via SERFF and via email to cathy.gilliland@state.co.us

May 23, 2013

Cathy Gilliland
Colorado Department of Regulatory Agencies
Division of Insurance
1560 Broadway, Suite 850
Denver, CO 80202

**Re: UnitedHealthcare's Objections to Production of its Confidential, Proprietary,
Competitively-Sensitive Commercial and Trade Secret Information**
SERFF Tracking Number: AMMS-128988457
State Tracking Number: 277948
Response Letter Date: May 15, 2013

Dear Ms. Gilliland:

We write in response to your May 15, 2013, inquiry requesting All Savers Insurance Company's ("ASIC") response to your objection to ASIC's confidential filing of proprietary trade secrets that requested confidential handling. Your objection suggests none of the ID No.'s would be allowed by the Division to remain confidential, yet the Division failed to distinguish why releasing the contents of ASIC's confidential filing of proprietary, commercial trade secrets is not similarly prohibited by Colorado law.

The Colorado Open Records Act ("CORA") explicitly exempts from disclosure all trade secrets, privileged information, and confidential commercial, financial, geological, or geophysical data furnished by or obtained from any person. See C.R.S. § 24-72-204(3)(a)(IV). Disclosure is also exempted when it would (1) cause substantial harm to the competitive position of the person providing the information; or (2) impair the government's future ability to gain necessary information. See *Freedom Newspapers, Inc. v. Denver & R. G. W. R. Co.*, 731 P.2d 740 (Colo. Ct. App. 1986), and *International Bhd. of Elec. Workers Local 68 v. Denver Metro. Major League Baseball Stadium Dist.*, 880 P.2d 160 (Colo. Ct. App. 1994), both citing *National Parks & Conservation Ass'n v. Morton*, 162 U.S. App. D.C. 223, 498 F.2d 765 (D.C. Cir. 1974). Each of these prohibitions to disclosure is addressed below.

Disclosure prohibited by C.R.S. 24-72-204(3)(a)(IV). Notably, this prohibition states in pertinent part the, ... "custodian shall deny the right of inspection of the following records, unless otherwise provided by law" ... "Trade secrets, privileged information, and confidential commercial, financial" ... "unless disclosure of the number is required, permitted, or authorized by state or federal law, furnished by or obtained from any person". The Division failed to

articulate why it may overcome the plain language of this prohibition requiring confidentiality for all of ASIC's confidential filing. The information contained in ASIC's filing is proprietary, commercial information developed at ASIC's expense, is kept confidential and not released to the public by ASIC, and is of substantial commercial value to ASIC. See *International Bhd. of Elec. Workers Local 68* and C.R.S. § 7-74-102(4). Not only is the filing clearly within the safe harbor prohibiting release by the Division, the Division would be required to justify any disclosure by identifying a pressing public policy need for such information. To date, the only discernible outside interests supporting disclosure of ASIC's confidential information are those of industry competitors. Moreover, CORA does not permit the Division to impose its own policy judgments on disclosure. ASIC has a right to non-disclosure even if the Division prefers, as a policy matter, the information be made public. Regardless whether this information is provided to the Division voluntarily or involuntarily, it is confidential and not subject to disclosure merely because it is in possession of the government. See both the federal Freedom of Information Act, 5 U.S.C. § 552(b)(4) and the equivalent Colorado exemption at C.R.S. § 24-72-204(3)(a)(IV). See also *International Bhd. of Elec. Workers Local 68*, at 165.

Substantial harm to ASIC's competitive position. The information contained in the filing is among the most sensitive and proprietary to health plans. It includes pricing, underlying cost information, and product characteristics. Among the data viewed as competitively important are pricing methods used to generate rates. If such information were to be made public it would make ASIC's internal rate making process available to competitors. As long as pricing is non-standardized, relationship of benefits to premium, profits and contingencies, explanations as to how the rates were determined, loss ratio, and trending data are trade secrets and exempt from disclosure. Because the likelihood of substantial competitive injury to ASIC's business from release of such information is apparent, the Division has no authority to ignore the statutory mandate of CORA not to disclose such sensitive information.

Impairment of the government's future ability to gain necessary information. This independent reason to keep ASIC's filing confidential arises because disclosure will further impair the Division's ability to effectively execute its statutory responsibilities as insurers in the future may be reluctant to provide broad, detailed and disaggregated data to the government. If the Division releases ASIC's confidential filing, competitors are likely to use such information to directly compete against ASIC by using its own confidential and proprietary information. Such a release will only damage competition and create future disincentives for submitters to further compete in the market and impairs the government's interests in effectively running programs that require private entity cooperation.

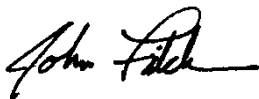
It is worth noting a June 2011 report by Charles River Associates¹ found government action aimed at promoting transparency and lowering prices can produce unintended consequences such as higher prices. For example, if a competitor perceives certain relative strengths and

¹ Potential Consumer Welfare Implications from Dissemination of Confidential Business Information, Charles River Associates (June 2011); Prepared for America's Health Insurance Plans

weaknesses in ASIC's filed document (if made public by the Division), it might attempt to develop a competitive strategy aimed at attracting specific enrollees which would artificially inflate ASIC's risk pool with enrollees who incur higher medical cost without compensating lower risk enrollees. While ASIC's confidentially filed information is detailed and disaggregated, when aggregated by competitors they may reverse-engineer it to gain a better understanding of ASIC's pricing strategy by using standard and advanced analytical techniques to gain an unfair advantage. This is because insurers determine which products and plans to offer, including benefits and pricing, based upon internal assessments of risks and revenues. Thus, if this information is released by the Division, competitors could gain an understanding of ASIC's underwriting by inputting various combinations of consumer coverage needs and then comparing the results with the raw data gained by the Divisions release of ASIC's confidential information. Such analysis could enable some competitors to gain insight on enrollment variations within different plan levels, benefits and cost sharing provisions. Depending upon the type, specificity, and timeliness of the information, competitors might also use wrongfully released confidential information to monitor one another's behavior and unintentionally signal to one another actions that may facilitate reduced market competition and higher prices. Health plans which could not take advantage of the wrongfully released confidential information may then be more likely to exit Colorado's market and deprive the Division of further access to their confidential competitive information and the market of more competitive rates.

Should the Division still conclude any portion of ASIC's confidential filing should be released, please identify which particular information it plans upon releasing, explain why the Division believes release is justified and contact me so ASIC may determine its next steps prior to any release. Thank you for your time and consideration.

Very truly yours,



John E. Filcher
Associate General Counsel
UnitedHealthcare Employer and Individual
PO Box 19032
Green Bay, WI 54313-19032
(920) 661-2639
ifilcher@goldenrule.com

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.



INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)



SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**



Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
All Savers Insurance Company	82406	AMMS-128984844	GIP-X1-E-ASI-05, GIP-X1-E-ASI-PP-05, GIP-X1-E-ASI-05P1, GIP-X1-E-ASI-05G2, GIP-X1-E-ASI-05G3, GIP-X1-E-ASI-05S1, GIP-X1-E-ASI-05S2, GIP-X1-E-ASI-05S4, GIP-X1-E-ASI-05B1, GIP-X1-E-ASI-05B2, GIP-X1-E-ASI-05C1, GIP-X1-E-ASI-05S5, GIP-X1-E-ASI-05S6, GIP-X1-E-ASI-05S7, GIP-X1-E-ASI-05S8, GIP-X1-E-ASI-05S9, GIP-X1-E-ASI-05S10, GIP-X1-E-ASI-05S14, GIP-X1-E-ASI-05S15, GIP-X1-E-ASI-05S16, GIP-X1-E-ASI-05NAZ, SA-S-1528-E-ASI-05, SA-S-1704-ASI-05, SA-S-1707-ASI-05	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

Reset Form

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: There are no pre-existing condition exclusions in the form.			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: There are no annual dollar limits on essential benefits in the form.			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: There are no lifetime dollar limits on essential benefits in the form.			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 24			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services. Explanation: Page Number: 16	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. Explanation: Page Number: 28	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Appeals Process – Requires establishment of an internal claims appeal process and external review process. Explanation: Page Number: Previously approved under SERFF Tracking Number AMMS-128702354.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level. Explanation: Page Number: 9, 29, and Data Pages	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network. Explanation: Page Number: 32	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology. Explanation: Page Number: 5-6	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

[Reset Form](#)

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
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	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
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	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			



ALL SAVERSSM
INSURANCE
A UnitedHealthcare Company

Colorado Experience							
	Premium	Claims	Member Months	Premium PMPM	Claims PMPM	Loss Ratio	Claims vs 1-50 ees
1 ee	10,216,171	12,740,582	20,887	489	610	124.7%	1.92
1-3 ees	61,595,305	66,889,457	147,234	418	454	108.6%	1.43
1-50 ees	388,972,722	321,299,442	1,011,215	385	318	82.6%	
Morbidity Load Assumption							1.20

However, upon analysis involving other states, we find that the morbidity differential for the 1-3 life groups is somewhat smaller than what we find in Colorado.

Nationwide Experience							
	Premium	Claims	Member Months	Premium PMPM	Claims PMPM	Loss Ratio	Claims vs 1-50 ees
1 ee	53,376,962	65,775,950	105,084	508	626	123.2%	1.96
1-3 ees	451,894,492	402,736,530	959,922	471	420	89.1%	1.31
1-50 ees	6,563,679,838	5,013,998,584	15,673,495	419	320	76.4%	
Morbidity Load Assumption							1.15

Therefore, as we have determined to use a slightly smaller morbidity load assumption (15%) in other states, we made the decision to lower our assumption in Colorado as well.

Issue 3

Comments: *Request for further support for area factor changes recently submitted.*

As noted in our actuarial memorandum and in our phone call discussion, our affiliated small group actuarial team performed an area factor analysis which we relied upon. The area factors included in our initial filing submission were computed to be equal to the proposed small group area factors. Upon further analysis, however, it was determined that we do not have the same constraints as the small group business.

With small group, there is existing business that will be disrupted with any change to the area factors. Therefore, for the small group line, it was decided that area factor changes would be implemented incrementally to smooth out the disruption. For our individual line of business, since we do not have existing business, it was determined that it would be appropriate to implement the ultimate supported area factors produced by the study. Therefore, we updated our individual area factors accordingly.

If you have any questions about this response, please call me at (920) 661-1252 or e-mail me at michelle_peters@goldenrule.com.

Sincerely,
Michelle L. Peters, FSA, MAAA
Director of Actuarial Services

State: Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: CO ASI 2014 Product

Project Name/Number: CO ASI 2014 Product/CO 137

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/20/2013		Supporting Document	Forms List	06/28/2013	Forms List CO GIP-X1-E-ASI-05 Rev 061813.pdf (Superseded)
06/20/2013		Form	Policy Inside Pages	06/28/2013	
06/20/2013		Form	Policy Inside Pages	06/28/2013	
06/20/2013		Form	Policy Inside Pages	06/28/2013	
06/20/2013		Form	Policy Face Page	06/28/2013	
06/20/2013		Form	Policy Face Page	06/28/2013	
06/20/2013		Form	Policy Face Page	06/28/2013	
06/04/2013		Supporting Document	Actuarial Memorandum and Certifications	06/06/2013	Part III - Federal Actuarial Memo.pdf (Superseded) Part III - Federal Confidentiality Index.pdf
05/30/2013		Supporting Document	Colorado Rate Sample Template	06/04/2013	State of Colorado - Rate Sample.xlsx (Superseded)
05/23/2013		Supporting Document	CO Actuarial Memorandum (Reg 4-2-11)	06/04/2013	CO Actuarial Memo (Reg 4-2-11).pdf (Superseded)
05/20/2013		Rate	Rate Manual	06/04/2013	CO Exchange Rate Manual v2.pdf (Superseded)
05/16/2013		Form	Policy Face Page	06/20/2013	
05/16/2013		Form	Policy Inside Pages	06/20/2013	
05/16/2013		Form	Data Page CSR HSA Silver 2	06/28/2013	

SERFF Tracking #:

AMMS-128988457

State Tracking #:

277948

Company Tracking #:

CO 137

State:

Colorado

Filing Company:

All Savers Insurance Company

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

CO ASI 2014 Product

Project Name/Number:

CO ASI 2014 Product/CO 137

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/16/2013		Form	Outpatient Prescription Drug Expense Benefits Rider	06/20/2013	
05/16/2013		Form	Pediatric Dental Rider	06/20/2013	
05/16/2013		Form	Pediatric Vision Rider	06/20/2013	
05/16/2013		Supporting Document	Forms List	06/20/2013	Forms List CO GIP-X1-E-ASI-05.pdf (Superceded)
05/09/2013		Supporting Document	Supporting Confidential Data	06/04/2013	CO Supporting Confidential Data.pdf (Superceded) Part III - Federal Supporting Confidential Data.pdf (Superceded)
05/09/2013		Supporting Document	Rate Sample	06/04/2013	CO Rate Sample.pdf (Superceded)
05/09/2013		Supporting Document	Confidentiality Index	06/04/2013	CO Confidentiality Index.pdf (Superceded)
05/09/2013		Supporting Document	CO Actuarial Memorandum (Reg 4-2-11)	05/23/2013	CO Actuarial Memo (Reg 4-2-11).pdf (Superceded)
05/09/2013		Supporting Document	Supporting Confidential Data	05/09/2013	CO Supporting Confidential Data.pdf Part III - Federal Supporting Confidential Data.pdf (Superceded)
05/09/2013		Rate	Rate Manual	05/20/2013	CO Exchange Rate Manual.pdf (Superceded)
04/16/2013		Supporting Document	Actuarial Memorandum and Certifications	06/04/2013	Part III - Federal Actuarial Memo.pdf (Superceded) Part III - Federal Confidentiality Index.pdf (Superceded)

State:	Colorado	Filing Company:	All Savers Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	CO ASI 2014 Product		
Project Name/Number:	CO ASI 2014 Product/CO 137		

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/16/2013		Supporting Document	Unified Rate Review Template	06/04/2013	Part I - Federal URRT.xlsm (Superceded)

SERFF Tracking #:	AMMS-128988457	State Tracking #:	277948	Company Tracking #:	CO 137
<hr/>					
State:	Colorado	Filing Company:	All Savers Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	CO ASI 2014 Product				
Project Name/Number:	CO ASI 2014 Product/CO 137				

Attachment State of Colorado - Rate Sample.xlsx is not a PDF document and cannot be reproduced here.

Attachment Part I - Federal URRT.xlsm is not a PDF document and cannot be reproduced here.

All Savers Insurance Company
Forms for GIP-X1-E-ASI-05
Colorado Health Benefit Exchange Individual Market Plans

FORM DESC.	FORM NO.	USED WITH
Policy Face Page	GIP-X1-E-ASI-CP-05	Copay plans
Policy Face Page	GIP-X1-E-ASI-HS-05	HSA plans
Policy Face Page	GIP-X1-E-ASI-CT-05	Catastrophic plan
Policy Inside Pages	GIP-X1-E-ASI-PP-CP-05	Copay plans
Policy Inside Pages	GIP-X1-E-ASI-PP-HS-05	HSA plans
Policy Inside Pages	GIP-X1-E-ASI-PP-CT-05	Catastrophic plan
Data Page Copay Platinum	GIP-X1-E-ASI-05P1	Copay Plan Platinum
Data Page Gold B	GIP-X1-E-ASI-05G2	Copay Plan Gold B
Data Page Gold C	GIP-X1-E-ASI-05G3	Copay Plan Gold C
Data Page HSA Silver	GIP-X1-E-ASI-05S1	HSA Plan Silver
Data Page Silver A	GIP-X1-E-ASI-05S2	Copay Plan Silver A
Data Page Silver C	GIP-X1-E-ASI-05S4	Copay Plan Silver C
Data Page HSA Bronze	GIP-X1-E-ASI-05B1	HSA Plan Bronze
Data Page Copay Bronze	GIP-X1-E-ASI-05B2	Copay Plan Bronze
Data Page Catastrophic	GIP-X1-E-ASI-05C1	Catastrophic Plan
Data Page CSR HSA Silver 1	GIP-X1-E-ASI-05S5	Cost Sharing Reduction HSA Plan Silver 1
Data Page CSR HSA Silver 2	GIP-X1-E-ASI-05S6	Cost Sharing Reduction HSA Plan Silver 2
Data Page CSR HSA Silver 3	GIP-X1-E-ASI-05S7	Cost Sharing Reduction HSA Plan Silver 3
Data Page CSR Silver A1	GIP-X1-E-ASI-05S8	Cost Sharing Reduction Copay Plan Silver A1
Data Page CSR Silver A2	GIP-X1-E-ASI-05S9	Cost Sharing Reduction Copay Plan Silver A2
Data Page CSR Silver A3	GIP-X1-E-ASI-05S10	Cost Sharing Reduction Copay Plan Silver A3
Data Page CSR Silver C1	GIP-X1-E-ASI-05S14	Cost Sharing Reduction Copay Plan Silver C1
Data Page CSR Silver C2	GIP-X1-E-ASI-05S15	Cost Sharing Reduction Copay Plan Silver C2
Data Page CSR Silver C3	GIP-X1-E-ASI-05S16	Cost Sharing Reduction Copay Plan Silver C3
Data Page Native American No Cost Sharing	GIP-X1-E-ASI-05NAZ	Native American No Cost Sharing Plan

COLORADO
Part III - Federal Actuarial Memorandum (URRT)
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915

Purpose

Following is a rate filing prepared by All Savers Insurance Company. This filing has been prepared to provide the necessary information required by the Department of Health & Human Services.

The purpose of this actuarial memorandum is to provide information relevant to Part I - Unified Rate Review Template (URRT).

This memorandum is intended solely for the information of and use by the Department of Health & Human Services and the Colorado Division of Insurance. It will demonstrate compliance with state and federal laws and regulations and is not intended to be used for any other purpose.

General Information

Company Identifying Information

Company Legal Name: All Savers Insurance Company

Company State: Colorado

HIOS Issuer ID: 92137

Market: Individual

Effective Date: 01/01/2014

Company Contact Information

Contact information is strictly confidential. Please see Confidentiality Index ID No. 01.

Proposed Rate Increase(s)

This is an initial filing. No rate increase is requested at this time.

Experience Period Premium and Claims

All Savers Insurance Company has no existing individual market blocks of business in Colorado. Therefore, no historical claims experience exists. Since the Unified Rate Review Template requires entry of data in this section, amounts of \$1 were entered so that the spreadsheet data could be validated and submitted.

Benefit Categories

All Savers Insurance Company has no existing individual market blocks of business in Colorado. Therefore, no historical claims experience exists.

Projection Factors

All Savers Insurance Company has no existing individual market blocks of business in Colorado. Therefore, no historical claims experience exists and no adjustment factors were applied.

Credibility Manual Rate Development

Data Used – Source and Appropriateness

These rates are intended to be used on a guarantee issue basis. As All Savers Insurance Company does not have any relevant historical experience for individual medical guarantee issue products, we relied on the guarantee issue claims experience and rate development of affiliated small group carriers to develop the credibility manual rate.

The experience used in the development of these rates is net of the appropriate coordination of benefit recoveries. Therefore, the rates reflect the necessary equitable reduction in premiums or costs to beneficiaries of such other insurance or contract rights.

Data Adjustments

A key assumption in our manual rate development was the estimated morbidity differential between the individual and small group markets. Our judgment was that historical morbidity differentials for very small size employer groups versus the small group overall average would be an appropriate indicator for this morbidity differential. Please see Confidentiality Index ID No. 02 for a chart of the historical experience of our affiliated small group carrier for the following group size categories: 1-employee, 1-3 employees, and 1-50 employees. While historical morbidity for 1-employee groups could indicate a morbidity load of up to 100%, we have chosen an assumption that is closer to the load implied by experience for groups of 1-3 employees. We assumed morbidity of this product to be 1.15 times that of a comparable small group product.

Credibility of Experience

All Savers Insurance Company has no existing individual market business, so zero credibility is applied to the base period experience. We believe that the affiliated small group experience used for developing the manual rates for this product to be fully credible. We did not use a specific credibility formula for this determination, but rather informed actuarial judgment. As ASOP 25, section 3.4 states: “Informed Actuarial Judgment - Any credibility procedure requires the actuary to exercise informed judgment, using relevant information. The use of credibility procedures is not always a precise mathematical process.” In addition, the small group experience meets the Colorado requirements for full credibility.

Paid To Allowed Ratio

A paid-to-allowed ratio was estimated for each plan by trending small group claims experience to 2014 and accounting for the variation in cost-sharing parameters. These ratios were then weighted by the projected membership per plan to calculate the paid-to-allowed average factor shown in Worksheet 1.

Risk Adjustment and Reinsurance

Projected Risk Adjustments (PMPMs)

We are assuming zero net payment for risk adjustments.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

We assume that the projected reinsurance recoveries net of reinsurance premium will be 11.88% of incurred claims. This amount was derived using 2012 individual Colorado experience, which was then trended to 2014. The recoveries were calculated using the 2014 reinsurance parameters, as published on 03/11/2014 in the Federal Register.

Non-Benefit Expenses and Risk Margin

Administrative Expenses

The 9.69% Administrative Expense Load in Worksheet 1 includes commissions, quality improvements, and SG&A. Please see Confidentiality Index ID No. 03 for more detail.

Profit & Risk Margin

The target underwriting gain is approximately 4.0% after-tax. Please see the chart below for more details.

Premium	100.0%
Claims	-89.0%
Reinsurance Recoveries	11.8%
Quality Improvements	-0.2%
Risk Adjustment Payments	0.0%
Premium Tax	-2.0%
Reinsurance Fee	-1.2%
Risk Adjustment User Fee	0.0%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Commission	-2.5%
SG&A	-7.0%
Pre-Tax Income:	6.9%
Income Tax *	-3.0%
After-Tax Income:	4.0%

** Income Tax is based on 35% *(Pre-Tax Income + Insurer Fees).*

Taxes and Fees

The 7.87% Taxes and Fees in Worksheet 1 includes premium tax, insurer fees, risk adjustment fees, exchange fees, and federal income tax. Please see Confidentiality Index ID No. 03 for more detail.

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology for calendar year 2014 is 85.2%.

Claims	89.0%
Reinsurance Recoveries	-11.8%
Quality Improvements	0.2%
Risk Adjustment Payments	0.0%
Total MLR Claims	77.5%
Premium	100.0%
Premium Tax	-2.0%
Income Tax *	-3.0%
Reinsurance Fee	-1.2%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Risk Adjustment User Fee	0.0%
Total MLR Premium	90.9%
MLR:	85.2%

** Income Tax is based on 35% *(Pre-Tax Income + Insurer Fees).*

Index Rate

The Index Rate is the allowed claims PMPM for essential health benefits, which we estimate is 100% of our expected allowed claims in the state of Colorado. As shown in the Unified Rate Review Template, the projected Index Rate for 2014 is \$568.56.

AV Metal Values

The AV Metal Values were entirely based on the AV Calculator. No alternative methodology was used.

AV Pricing Values

The Copay Plan Silver A is the fixed reference plan selected as the basis for the AV Pricing Values (factor of 1.000). The variation in rating factors for the other plans is based on the actuarial value and cost-sharing design relative to the Copay Plan Silver A.

The medical plan price relativities were developed using the proprietary UnitedHealthcare pricing model. This model uses UnitedHealthcare nationwide experience data, and is fully credible. Claims data is then projected to the pricing period based on national projections of utilization and unit costs. These projections are done at the service category (inpatient, outpatient, etc.) level. Benefit design parameters such as deductibles, copays, and coinsurance are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences.

In order to preserve consistency, the same claims experience and projection assumptions are applied to all plan relativity calculations. The plan specific adjustments to the market wide index rate do not reflect differences in health status or risk selection.

Membership Projections

Since this is a new product with no historical experience, membership was estimated based on informed judgment.

Terminated Products

No products are being terminated. All Savers Insurance Company has no existing individual market business.

Plan Type

We have selected a plan type of EPO for each plan, which describes the plans exactly.

Warning Alerts

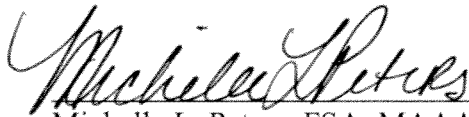
There is one Warning Alert in Section IV of Worksheet II. We are reporting the Total Allowed Claims in Worksheet II before the reinsurance recoveries and risk adjustment payments. The amount from Worksheet I is shown after these adjustments have been made.

Actuarial Certification

I, Michelle L. Peters, am a Director of Actuarial Services for United Healthcare's Individual Line of Business, which includes All Savers Insurance Company's health insurance products marketed to individuals. I am a member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment:

- The projected Index Rate is in compliance with all applicable State and Federal Statutes and Regulations, and it was developed in compliance with the applicable Actuarial Standards of Practice.
- The benefits are reasonable in relation to the premiums charged and the population anticipated to be covered. In addition, premiums are not inadequate, excessive, or unfairly discriminatory.
- Only the allowable modifiers were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values for the metal level plans.
- The Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges, and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



Michelle L. Peters, FSA, MAAA
Director, Actuarial Services



Date

COLORADO
Actuarial Memorandum
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915

A. Summary:

Purpose of Rate Filing

Following is a rate filing prepared by All Savers Insurance Company. This filing is intended solely for the information of and use by your state's insurance department. It has been prepared according to Colorado Insurance Regulation 4-2-11 §6, as well as more recent guidance from the Colorado Division of Insurance. This filing will demonstrate compliance with Colorado laws and regulations and is not intended to be used for any other purpose.

The purpose of this rate filing is to file our initial rates for a true individual product to be made available through the Colorado Health Benefit Exchange (COHBE).

Marketing Method(s)

These policies will be available through the COHBE on or after October 1, 2013, for effective dates January 1, 2014 and later.

Premium Classifications

Premium is determined by plan, age (3:1 scale), tobacco-use (1.15:1), and place of residence upon premium due date. Attached is a rate manual which includes a monthly base rate and factors to adjust for these classifications. Adjustments are applied to all pricing categories.

Product Description

All plans cover the 10 categories of essential health benefits (EHBs) in accordance with the applicable EHB benchmark plan and federal law. Each plan covers a percentage, equal to the coinsurance level, of the covered inpatient and outpatient major medical expenses in excess of a selected deductible up to the out-of-pocket maximum, and 100% of covered expenses thereafter.

<u>Plan Name</u>	<u>Coinsurance Level</u>	<u>Deductible</u>	<u>Actuarial Value</u>
Copay Plan Platinum	90%	\$500	88.0%
Copay Plan Gold B	80%	\$1,000	78.3%
Copay Plan Gold C	80%	\$1,500	78.0%
Copay Plan Silver A	70%	\$2,500	69.0%
Copay Plan Silver C	80%	\$5,000	68.1%
Copay Plan Bronze A	80%	\$5,500	60.9%
HSA Plan Silver	100%	\$3,650	68.0%
HSA Plan Bronze	100%	\$6,350	58.0%
Catastrophic Plan	100%	\$6,350	N/A

Certain covered expenses are not subject to the base plan deductible and/or coinsurance but may be subject to a separate deductible and/or copay amounts. Deductibles are on a calendar year basis. There are additional limitations and exclusions for some specific services. For the HSA Plans, there are embedded individual deductibles as well as an overall family deductible on a family policy. The HSA deductibles may index annually based on federal tax qualification requirements. For the Catastrophic Plan, three primary care office visits are covered not subject to the deductible.

Policy Forms Impacted

GIP-X1-E-ASI-05, etc.

Age Basis

Premium varies on an attained-age basis.

Renewability

The policies are guaranteed renewable as defined by the Health Insurance Portability and Accountability Act of 1996 (HR3103) which was effective July 1, 1997.

B. Assumption, Acquisition or Merger

The products included in this filing were not part of an assumption, acquisition or merger.

C. Rating Period:

These policies will be available through the Colorado Health Benefit Exchange (COHBE) on or after October 1, 2013, for effective dates January 1, 2014 through December 31, 2014.

D. Underwriting:

These rates are intended to be used for policies issued on a guarantee issue basis.

E. Effect of Law Changes:

These are new policy forms that have been formulated to comply with all state and federal rating requirements.

F. Rate History:

These are new policy forms. No rate history exists under these forms.

G. Coordination of Benefits:

The experience used in the development of these rates is net of appropriate coordination of benefit recoveries. Therefore, the rates reflect the necessary equitable reduction in premiums or costs to beneficiaries of such other insurance or contract rights.

H. Relationship of Benefits to Premium:

We are expecting the total retention percentage over the rating period to be 26.6% of premium. The specific components of our retention percentage are confidential. Please see Confidentiality Index ID No. 01.

I. Lifetime Loss Ratio:

This product was not priced using a lifetime loss ratio standard. This product was priced to comply with all state and federal requirements.

J. Provision for Profit and Contingencies:

The target underwriting gain for this product is 7.0% after-tax. Details of this calculation are confidential. Please see Confidentiality Index ID No. 02.

K. Complete Explanation as to How the Proposed Rates were Determined:

Following is an explanation for how each of the rating factors in the rate manual was determined.

Monthly Base Rate Development

Our starting monthly base rate, as indicated in the rate manual, is \$367.70. To develop our individual monthly base rate, we started with small group data from an affiliated carrier and made the appropriate adjustments to reach our final individual base rate. The specific assumptions used in the development of our monthly base rate are confidential. Please see Confidentiality Index ID No. 03. The monthly base rate level, as well as other pricing factors, will continue to be monitored and evaluated with changes proposed in the future as appropriate.

Plan Factor Development

The Copay Plan Silver A is the fixed reference plan selected as the basis for the AV Pricing Values (factor of 1.000). The variation in rating factors for the other plans is based on the actuarial value and cost-sharing design relative to the Copay Plan Silver A.

The medical plan price relativities were developed using the proprietary UnitedHealthcare pricing model. This model uses UnitedHealthcare nationwide experience data and is fully credible. Claims data is then projected to the pricing period based on national projections of utilization and unit costs. These projections are done at the service category (inpatient, outpatient, etc.) level. Benefit design parameters such as deductibles, copays, and coinsurance are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The plan specific adjustments to the market wide index rate do not reflect differences in health status or risk selection.

In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

Age Factor Development

Age factors follow the federally required 3:1 age curve.

Tobacco Factor Development

The tobacco factor is 1.15 for all ages.

Rating Area Factor Development

We set our area factors equal to that of affiliated small group products for the state of Colorado. This product will be available in the counties listed within the attached rate manual.

Index Rate Development

The Index Rate in the Unified Rate Review Template is the projected average allowed claims PMPM for essential health benefits, which we estimate is 100% of our expected allowed claims in the state of Colorado. As shown in the Unified Rate Review Template, the projected Index Rate for 2014 is \$593.28.

L. Trend:

Projected pricing trend has been calculated using Colorado small group and large group experience combined. The proposed pricing trend is 9.1%. Medical trend is about 7.5% and insurance trend is about 1.5% (these components are multiplicative). The components of our pricing trend assumption are confidential. Please see Confidentiality Index ID No. 04. Past data, various models, and business judgment of future economic developments are all used in estimating future trend.

M. Credibility:

There is no experience for these new forms. Thus, morbidity is based on guaranteed issue small group products from an affiliated carrier whose experience meets Colorado's standard for fully credible data.

N. Data Requirements:

These are new policy forms. No historical experience exists under these forms.

O. Side by Side Comparison:

These are new policy forms. No rate history exists under these forms.

P. Benefits Ratio Projections:

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2014 is 82.3%. The specific components of our benefits ratio projections are confidential. Please see Confidentiality Index ID No. 05.

Q. Other Factors:

The monthly base rate and factors to adjust for age, benefit design, geographic area and tobacco-use status are detailed in the rate manual provided. Support for these factors can be found in section K of this memorandum.

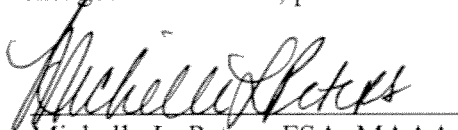
R. Rating Manuals and Underwriting Guidelines:

The rate manual used to calculate rates for this true individual product is included with this filing. These rates are intended to be used for policies issued on a guarantee issue basis. Therefore, there are no underwriting guidelines.

S. Actuarial Certification:

I, Michelle L. Peters, am a Director of Actuarial Services for UnitedHealthcare's Individual Line of Business, which includes All Savers Insurance Company's health insurance products marketed to individuals. I am a member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering statements of actuarial opinion, with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of your state, and the benefits are reasonable in relation to the premiums charged. In addition, premium rates are not excessive, inadequate, or unfairly discriminatory.


Michelle L. Peters, FSA, MAAA
Director, Actuarial Services

5/23/13
Date

All Savers Insurance Company

Form Numbers: GIP-X1-E-ASI-05, etc.

Rate Pages for State of Colorado Form Filing

For Policies Effective January 1, 2014 and Later

All Savers Insurance Company

PREMIUM CALCULATIONS

Calculated Medical Premium

For each person:

Medical Premium(monthly) = RDC of

Base Rate
x Plan Factor
x Age Factor
x Tobacco Factor (if applicable)
x Area Factor

RDC = Round to 2 decimals

Sum the Medical Premium for all persons to be covered. This Subtotal is the Calculated Medical Premium.

Note: Only the 3 oldest dependent children under the age of 21 will be included in the premium calculation.

Total Monthly Premium = Sum of all family member rates for all benefits

Total Quarterly Premium = Total Monthly Premium * 3

*****Notes*****

There is an administrative fee for processing checks returned for non-sufficient funds.

This will only be imposed after the insured has received written notice of the fee.

All Savers Insurance Company

Monthly Base Rate	\$367.70
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Designation	Plan	Deductible	Coinsurance	AV Calculated	Metal/Cat	Plan Factor
Platinum	Copay Plan	\$500	90%	88.0%	Platinum	1.354
Gold B	Copay Plan	\$1,000	80%	78.3%	Gold	1.099
Gold C	Copay Plan	\$1,500	80%	78.0%	Gold	1.137
Silver	HSA Plan	\$3,650	100%	68.0%	Silver	0.969
Silver A	Copay Plan	\$2,500	70%	69.0%	Silver	1.000
Silver C	Copay Plan	\$5,000	80%	68.1%	Silver	0.989
Bronze	HSA Plan	\$6,350	100%	58.0%	Bronze	0.850
Bronze A	Copay Plan	\$5,500	80%	60.9%	Bronze	0.927
Catastrophic	Plan 100	\$6,350	100%	N/A	Catastrophic	0.830

All Savers Insurance Company

Age	Age Factors	Tobacco Factors
<=20	0.635	1.00
21	1.000	1.15
22	1.000	1.15
23	1.000	1.15
24	1.000	1.15
25	1.004	1.15
26	1.024	1.15
27	1.048	1.15
28	1.087	1.15
29	1.119	1.15
30	1.135	1.15
31	1.159	1.15
32	1.183	1.15
33	1.198	1.15
34	1.214	1.15
35	1.222	1.15
36	1.230	1.15
37	1.238	1.15
38	1.246	1.15
39	1.262	1.15
40	1.278	1.15
41	1.302	1.15
42	1.325	1.15
43	1.357	1.15
44	1.397	1.15
45	1.444	1.15
46	1.500	1.15
47	1.563	1.15
48	1.635	1.15
49	1.706	1.15
50	1.786	1.15
51	1.865	1.15
52	1.952	1.15
53	2.040	1.15
54	2.135	1.15
55	2.230	1.15
56	2.333	1.15
57	2.437	1.15
58	2.548	1.15
59	2.603	1.15
60	2.714	1.15
61	2.810	1.15
62	2.873	1.15
63	2.952	1.15
64+	3.000	1.15

All Savers Insurance Company

State	Rating Area	County	Area Factor
CO CO CO	Rating Area 3	Clear Creek Gilpin Park	0.918
CO	Rating Area 7	Pueblo	0.905
CO CO	Rating Area 8	Alamosa Baca Bent Chaffee Cheyenne Conejos Costilla Crowley Custer Fremont Huefano Kiowa Kit Carson Las Animas Lincoln Mineral Otero Prowers Rio Grande Saguache	1.235
CO CO CO CO CO CO	Rating Area 9	Logan Morgan Phillips Sedgwick Washington Yuma	1.311
CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO	Rating Area 10	Archuleta Delta Dolores Grand Gunnison Hinsdale Jackson La Plata Lake Moffat Montezuma Montrose Ouray Rio Blanco Routt San Juan San Miguel	1.308

All Savers Insurance Company
Forms for GIP-X1-E-ASI-05
Colorado Health Benefit Exchange Individual Market Plans

FORM DESC.	FORM NO.	USED WITH
Policy Face Page	GIP-X1-E-ASI-05	All plans
Policy Inside Pages	GIP-X1-E-ASI-PP-05	All plans
Data Page Copay Platinum	GIP-X1-E-ASI-05P1	Copay Plan Platinum
Data Page Gold B	GIP-X1-E-ASI-05G2	Copay Plan Gold B
Data Page Gold C	GIP-X1-E-ASI-05G3	Copay Plan Gold C
Data Page HSA Silver	GIP-X1-E-ASI-05S1	HSA Plan Silver
Data Page Silver A	GIP-X1-E-ASI-05S2	Copay Plan Silver A
Data Page Silver C	GIP-X1-E-ASI-05S4	Copay Plan Silver C
Data Page HSA Bronze	GIP-X1-E-ASI-05B1	HSA Plan Bronze
Data Page Copay Bronze	GIP-X1-E-ASI-05B2	Copay Plan Bronze
Data Page Catastrophic	GIP-X1-E-ASI-05C1	Catastrophic Plan
Data Page CSR HSA Silver 1	GIP-X1-E-ASI-05S5	Cost Sharing Reduction HSA Plan Silver 1
Data Page CSR HSA Silver 2	GIP-X1-E-ASI-05S6	Cost Sharing Reduction HSA Plan Silver 2
Data Page CSR HSA Silver 3	GIP-X1-E-ASI-05S7	Cost Sharing Reduction HSA Plan Silver 3
Data Page CSR Silver A1	GIP-X1-E-ASI-05S8	Cost Sharing Reduction Copay Plan Silver A1
Data Page CSR Silver A2	GIP-X1-E-ASI-05S9	Cost Sharing Reduction Copay Plan Silver A2
Data Page CSR Silver A3	GIP-X1-E-ASI-05S10	Cost Sharing Reduction Copay Plan Silver A3
Data Page CSR Silver C1	GIP-X1-E-ASI-05S14	Cost Sharing Reduction Copay Plan Silver C1
Data Page CSR Silver C2	GIP-X1-E-ASI-05S15	Cost Sharing Reduction Copay Plan Silver C2
Data Page CSR Silver C3	GIP-X1-E-ASI-05S16	Cost Sharing Reduction Copay Plan Silver C3
Data Page Native American No Cost Sharing	GIP-X1-E-ASI-05NAZ	Native American No Cost Sharing Plan
Outpatient Prescription Drug Expense Benefits Rider	SA-S-1528-E-ASI-05	Copay plans that have a tiered drug benefit
Pediatric Dental Rider	SA-S-1704-ASI-05	All plans
Pediatric Vision Rider	SA-S-1707-ASI-05	All plans

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COLORADO
Supporting Confidential Data
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915

ID No. 01 - CO Actuarial Memo §H - Relationship of Benefits to Premium:

We expect our total retention percentage over the 01/01/2014 – 12/31/2014 rating period to be 26.6% of premium. Expenses over this timeframe are summarized in the table below.

Description	Percentage	Support
Commissions	2.5%	The COHBE has expressed that individual membership acquired through brokers is assumed to be 25% of total sales. Assuming average commissions are 10% of commissionable earnings, then 2.5% of the <i>total premium</i> is allocated for commissions (i.e. 25% x 10% \approx 2.5%).
General Expenses	6.4%	We assume our general and administrative expenses will be similar to our affiliated small group carrier, which is estimated to be about \$30.42 per member per month. For this product in the state of Colorado, this equates to approximately 6.4% of premium for 2014.
Premium Taxes	2.0%	The premium tax rate is 2.0% in the state of Colorado.
Profit/Contingencies	11.5%	This is pre-tax. See Confidentiality Index ID No.04 for further detail.
Investment Income	0.0%	N/A
Exchange Fee	1.4%	The COHBE Board approved a 1.4% user fee on all policies sold in the exchange. We do not expect to sell these plans outside of the exchange.
PPACA Fees	2.6%	<u>Reinsurance Fees:</u> A value of \$5.25 per member per month has been determined per HHS regulation for 2014 reinsurance fees. For this product in the state of Colorado, this equates to approximately 1.1% of premium for 2014. <u>Insurer Fees:</u> This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years). Each insurance carrier's assessment will be based on earned health insurance premiums in the prior year, with certain exclusions. UnitedHealthcare (parent company of All Savers Insurance Company) estimates 1.5% of 2014 premium will be allocated for insurer fees. <u>Risk Adjustment Fees:</u> The HHS Notice of Benefit and Payment Parameters includes a section on risk adjustment user fees and specifies a \$0.08 per member per month user fee for the benefit year 2014. For this product in the state of Colorado, this equates to approximately 0.02% of premium for 2014.
Other	0.2%	We assumed a 0.2% adjustment for quality improvement expenses based on data from an affiliated carrier.
Total Retention	26.6%	

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ID No. 02 - CO Actuarial Memo §J - Provision for Profit and Contingencies:

The target underwriting gain for this product is 7.0% after-tax. Please see the chart below.

Premium	100.0%
Claims	-84.6%
Reinsurance Recoveries	11.2%
Quality Improvements	-0.2%
Risk Adjustment Payments	0.0%
Premium Tax	-2.0%
Reinsurance Fee	-1.1%
Risk Adjustment User Fee	0.0%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Commission	-2.5%
SG&A	-6.4%
Pre-Tax Income:	11.5%
Income Tax *	-4.6%
After-Tax Income:	7.0%

** Income Tax is based on 35% *(Pre-Tax Income + Insurer Fees)*

ID No. 03 - CO Actuarial Memo §K - Complete Explanation as to How the Proposed Rates were Determined:

Monthly Base Rate Development

Our starting monthly base rate, as indicated in the rate manual is \$367.70. To develop our individual monthly base rate, we started with small group data from an affiliated carrier and made the appropriate adjustments to reach our final individual base rate. Please see the table on the following page for more details. We adjusted the small group January 2014 rate for premium and benefit differentials between our individual product and the small group product using comparable plans. The monthly base rate level, as well as other pricing factors, will continue to be monitored and evaluated with changes proposed in the future as appropriate.

A key assumption in our individual premium load was the estimated morbidity differential between the individual and small group markets. Our judgment was that historical morbidity differentials for very small size employer groups versus the small group overall average would be an appropriate indicator for this morbidity differential. The chart below shows the historical experience of affiliated small group carriers for the following group size categories: 1-employee, 1-3 employees, and 1-50 employees. While historical morbidity for 1-employee groups could indicate a morbidity load of up to 100%, we have chosen an assumption that is closer to the load implied by experience for groups of 1-3 employees. We assumed morbidity for this product is 1.20 times that of a comparable small group product.

Number Employees	Premium	Claims	Member Months	Premium PMPM	Claims PMPM	Loss Ratio	Claims vs. 1-50 ees
1 ee	10,216,171	12,740,582	20,887	489	610	124.7%	1.92
1-3 ees	61,595,305	66,889,457	147,234	418	454	108.6%	1.43
1-50 ees	388,972,722	321,299,442	1,011,215	385	318	82.6%	

Morbidity Load Assumption 1.20

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We assumed 13.2% of incurred claims will be reimbursed as reinsurance recoveries. This estimate was derived using 2012 individual Colorado experience, which was then trended to 2014. The recoveries were calculated using the 2014 reinsurance parameters, as published on 03/11/2014 in the Federal Register, and calculated as a percentage of incurred claims.

The individual 2014 target loss ratio was calculated to yield an income level of 7.0% after-tax. With this methodology, the projected medical loss ratio meets federal MLR requirements as shown in Confidentiality Index ID No. 06. Refer to the table in Confidentiality Index ID No. 04. The 73.4% target loss ratio is calculated as (Claims - Reinsurance Recoveries) / Premium = (84.6% - 11.2%) / 100.0% = 73.4%.

INDIVIDUAL MONTHLY BASE RATE DEVELOPMENT

Small Group January 2014 Medical + Rx Premium Rate

Small Group January 2014 Medical Base Rate	114.91
Small Group January 2014 Rx Base Rate	19.88
Small Group January 2014 Medical Plan Factor	2.676
Small Group January 2014 Rx Plan Factor	1.858
Small Group January 2014 Premium Rate (=114.91*2.676 + 19.88*1.858)	344.47

Individual Premium Load versus Small Group

Small Group January 2014 Premium Rate	344.47
Small Group 2014 Target Loss Ratio (see SERFF Filing #UHLC-128990056, Attachment F)	75.7%
Small Group 2014 Projected Claims PMPM (= 344.47*.757)	260.81
Projected Individual Morbidity Increase Over Small Group	20.0%
Preliminary Individual 2014 Projected Claims PMPM (= 260.81*(1+.20))	312.98
Projected Individual Reinsurance Receivable as % of Claims	-13.2%
Individual 2014 Projected Claim PMPM net of Reinsurance Recovered (= 312.98*(1-.132))	271.56
Individual 2014 Target Loss Ratio (Calculated to Yield 7% After-Tax Gain)	73.4%
Individual 2014 Projected Premium PMPM with Retention (= 271.56/.734)	369.98
Small Group January 2014 Premium Rate	344.47
Individual Premium Load versus Small Group (= 369.98/344.47-1)	7.4%

Individual Benefit Differential

Individual Adjustment for Plan Benefit Differential from Comparable Small Group Plan	-0.6%
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Final Individual Base Rate (= 344.47*(1+.074)*(1-.006))	\$367.70
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ID No. 04 - CO Actuarial Memo §L - Trend:

Based on an analysis of our affiliated carrier's experience, we estimate that future increases in medical and pharmacy costs will emerge at about 9.1%. The projected trend has been calculated using Colorado small group and large group experience combined. Medical trend is about 7.5% and insurance trend is about 1.5% (these components are multiplicative). See the chart below for further details.

Proposed Trend by Component	
Medical provider price increase	4.8%
Utilization changes	1.8%
Medical cost shifting	0.0%
Medical procedures and new technology	0.8%
Total Medical Trend	7.5%
Underwriting wear-off / Demographic adjustment	0.0%
Deductible leveraging	1.5%
Anti-selection	0.0%
Total Insurance Trend	1.5%
Total Annualized Trend	9.1%

The table on the following page illustrates the normalized trend data for the most recent six years. We do not have this data readily available on a monthly basis, but are able to obtain it on a quarterly basis, and have rolled up the annual aggregate values as well.

Past data, various models, and business judgment of future economic developments are all used in estimating future trend, and as such, we believe our 9.1% trend assumption is reasonable. At UnitedHealthcare, we have a team of actuaries whose responsibilities include developing forward-looking trend projections and monitoring historical performance in relation to trend. We rely on this team to provide guidance on trends appropriate for Colorado rate development.

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	All Members		Prior ¹		Current ²		Net Trend	Demog Trend	Benefit Trend	Normalized Trend
	Member Months	Net Claims PMPM	Member Months	Net Claims PMPM	Member Months	Net Claims PMPM				
2007Q1	528,791	\$ 236.34	313,245	\$ 231.78						
2007Q2	487,524	\$ 229.19	300,975	\$ 230.87						
2007Q3	485,917	\$ 235.80	300,516	\$ 240.35						
2007Q4	499,919	\$ 252.52	316,011	\$ 262.77						
2007	2,002,151	238.51	1,230,747	241.61						
2008Q1	470,890	\$ 222.71	304,343	\$ 235.65	295,392	\$ 239.40	3.3%	1.5%	-5.4%	7.6%
2008Q2	469,413	\$ 278.12	313,631	\$ 274.31	300,017	\$ 247.86	7.4%	1.3%	-1.9%	8.1%
2008Q3	483,374	\$ 292.18	324,116	\$ 280.89	298,433	\$ 259.74	8.1%	1.3%	-1.2%	7.9%
2008Q4	497,680	\$ 299.09	329,853	\$ 290.78	311,069	\$ 279.80	6.5%	1.4%	-0.7%	5.7%
2008	1,921,357	273.51	1,271,943	271.01	1,204,911	256.98	6.36%	1.36%	-2.17%	7.26%
2009Q1	482,659	\$ 249.69	314,785	\$ 257.50	308,855	\$ 284.40	20.7%	1.6%	-3.0%	22.4%
2009Q2	483,016	\$ 296.11	321,769	\$ 292.42	314,727	\$ 298.04	8.6%	1.7%	-0.6%	7.4%
2009Q3	499,600	\$ 297.80	332,601	\$ 297.25	319,217	\$ 307.81	9.6%	1.8%	-0.8%	8.5%
2009Q4	498,071	\$ 311.46	328,287	\$ 315.02	323,036	\$ 323.57	11.3%	1.7%	-0.8%	10.3%
2009	1,963,346	289.02	1,297,442	290.91	1,265,835	303.69	12.06%	1.71%	-1.29%	11.61%
2010Q1	499,970	\$ 266.67	347,897	\$ 272.61	316,885	\$ 282.04	9.5%	1.6%	-3.1%	11.3%
2010Q2	502,298	\$ 284.81	358,497	\$ 282.31	322,536	\$ 313.83	7.3%	1.4%	-1.7%	7.7%
2010Q3	495,429	\$ 280.72	346,948	\$ 279.52	328,325	\$ 297.90	0.2%	1.1%	-1.5%	0.7%
2010Q4	491,131	\$ 304.18	350,347	\$ 311.74	322,946	\$ 328.65	4.3%	1.1%	-1.7%	4.9%
2010	1,988,828	284.01	1,403,689	286.56	1,290,692	305.68	5.08%	1.31%	-2.01%	5.85%
2011Q1	494,897	\$ 265.25	376,938	\$ 266.19	344,700	\$ 270.62	-0.7%	0.9%	-2.9%	1.3%
2011Q2	506,263	\$ 283.97	384,317	\$ 281.47	352,042	\$ 286.67	1.5%	0.9%	-2.0%	2.6%
2011Q3	518,841	\$ 286.55	391,583	\$ 288.63	343,168	\$ 289.91	3.7%	0.9%	-1.2%	4.1%
2011Q4	522,584	\$ 302.96	400,023	\$ 302.96	348,284	\$ 312.37	0.2%	0.8%	-1.0%	0.3%
2011	2,042,585	284.95	1,552,861	285.10	1,388,194	289.94	1.18%	0.88%	-1.73%	2.06%
2012Q1	518,176	\$ 273.36			377,333	\$ 276.74	4.0%	0.7%	-1.8%	5.1%
2012Q2	518,144	\$ 289.87			384,085	\$ 295.80	5.1%	0.5%	-1.1%	5.7%
2012Q3	525,698	\$ 291.37			389,671	\$ 299.17	3.7%	0.7%	-0.5%	3.5%
2012Q4	530,372	\$ 327.92			399,408	\$ 334.02	10.3%	0.7%	-0.2%	9.7%
2012	2,092,390	295.80			1,550,497	301.85	5.88%	0.65%	-0.84%	6.08%

¹ Includes groups that went on to renew the following year.

² Includes groups that were active a year prior.

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ID No. 05 - CO Actuarial Memo §P - Benefits Ratio Projections:

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2014 is 82.3%. See the chart below for further details.

Claims	84.6%
Reinsurance Recoveries	-11.2%
Quality Improvements	0.2%
Risk Adjustment Payments	0.0%
Total MLR Claims	73.6%
Premium	100.0%
Premium Tax	-2.0%
Income Tax *	-4.6%
Reinsurance Fee	-1.1%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Risk Adjustment Fee	0.0%
Total MLR Premium	89.4%
MLR:	82.3%

* Income Tax is based on 35% *(Pre-Tax Income + Insurer Fees)

This document contains information that consists of confidential, proprietary trade secrets under state and federal law. This information is exempt from disclosure under Exemption 4 of the U.S. Freedom of Information Act, 5 U.S.C. §552. It is also a trade secret or confidential commercial or financial information as defined in 45 CFR §5.65 and protected from disclosure under 45 CFR §§5.1 – 5.69, and 45 CFR §154.215 (i)(2). It is also strictly confidential and protected from disclosure by C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA). It may not be disclosed to any other person, including state or federal regulatory agencies, unless All Savers Insurance Company consents to the disclosure and the recipient agrees in writing prior to receipt to maintain the confidential, proprietary, trade secret nature of the information contained herein.

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COLORADO

**Supporting Confidential Data
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915**

ID No. 01 - General Information:

Company Contact Information

Primary Contact Name: Michelle Peters

Primary Contact Telephone Number: (920) 661-1252

Primary Contact Email Address: michelle_peters@goldenrule.com

ID No. 02 - Credibility Manual Rate Development:

Data Adjustments

A key assumption in our manual rate development was the estimated morbidity differential between the individual and small group markets. Our judgment was that historical morbidity differentials for very small size employer groups versus the small group overall average would be an appropriate indicator for this morbidity differential. The chart below shows the historical experience of affiliated small group carriers for the following group size categories: 1-employee, 1-3 employees, and 1-50 employees. While historical morbidity for 1-employee groups could indicate a morbidity load of up to 100%, we have chosen an assumption that is closer to the load implied by experience for groups of 1-3 employees. We assumed morbidity for this product is 1.20 times that of a comparable small group product.

Colorado Experience

	Premium	Claims	Member Months	Premium PMPM	Claims PMPM	Loss Ratio	Claims vs 1-50 ees
1 ee	10,216,171	12,740,582	20,887	489	610	124.7%	1.92
1-3 ees	61,595,305	66,889,457	147,234	418	454	108.6%	1.43
1-50 ees	388,972,722	321,299,442	1,011,215	385	318	82.6%	

Morbidity Load Assumption 1.20

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ID No. 03 - Risk Adjustment and Reinsurance:

Projected Risk Adjustments (PMPMs)

We are assuming zero net payment for risk adjustments.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

We assume that the projected reinsurance recoveries net of reinsurance premium will be 11.93% of incurred claims. This amount was derived using 2012 individual Colorado experience, which was then trended to 2014. The recoveries were calculated using the 2014 reinsurance parameters, as published on 03/11/2014 in the Federal Register.

ID No. 04 - Non-Benefit Expenses and Risk Margin:

Administrative Expenses

The 9.07% Administrative Expense Load in Worksheet 1 includes commissions, quality improvements, and SG&A.

1. Commissions: The COHBE has expressed that individual membership acquired through brokers is assumed to be 25% of total sales. Assuming average commissions are 10% of commissionable earnings, then 2.5% of the *total premium* is allocated for commissions (i.e. $25\% \times 10\% = 2.5\%$).
2. Quality Improvements: We assumed a 0.2% adjustment for quality improvement expenses based on data from an affiliated carrier.
3. SG&A: We assume our general and administrative expenses will be similar to our affiliated small group carriers, which is estimated to be approximately \$30.42 per member per month. For this product in the state of Colorado, this equates to approximately 6.37% of premium for 2014.

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Profit & Risk Margin

The target underwriting gain is 7.0% after-tax. Please see the chart below for more details.

Premium	100.0%
Claims	-84.6%
Reinsurance Recoveries	11.2%
Quality Improvements	-0.2%
Risk Adjustment Payments	0.0%
Premium Tax	-2.0%
Reinsurance Fee	-1.1%
Risk Adjustment User Fee	0.0%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Commission	-2.5%
SG&A	-6.4%
Pre-Tax Income:	11.5%
Income Tax *	-4.6%
After-Tax Income:	7.0%

** Income Tax is based on 35% *(Pre-Tax Income + Insurer Fees)*

Taxes and Fees

The 9.47% Taxes and Fees in Worksheet 1 includes premium tax, insurer fees, risk adjustment fees, exchange fees, and federal income tax.

1. Premium Tax: The premium tax rate is 2.00% in the state of Colorado.
2. Insurer Fees: This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on earned health insurance premiums in the prior year, with certain exclusions. UnitedHealthcare (parent company of All Savers Insurance Company) estimates 1.50% of 2014 premium will be allocated for insurer fees.
3. Risk Adjustment Fees: The HHS Notice of Benefit and Payment Parameters includes a section on risk adjustment user fees and specifies a \$0.08 per member per month user fee for the benefit year 2014. For this product in the state of Colorado, this equates to approximately 0.02% of premium for 2014.
4. Exchange Fees: The COHBE Board approved a 1.40% user fee on all policies sold in the exchange
5. Federal Income Tax: Income tax results in 4.55% of premium and is calculated as 35% * (Pre-Tax Income + Insurer Fees), since insurer fees are not tax deductible.

This document contains information that consists of confidential, proprietary trade secrets under state and federal law. This information is exempt from disclosure under Exemption 4 of the U.S. Freedom of Information Act, 5 U.S.C. §552. It is also a trade secret or confidential commercial or financial information as defined in 45 CFR §5.65 and protected from disclosure under 45 CFR §§5.1 – 5.69, and 45 CFR §154.215 (i)(2). It is also strictly confidential and protected from disclosure by C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA). It may not be disclosed to any other person, including state or federal regulatory agencies, unless All Savers Insurance Company consents to the disclosure and the recipient agrees in writing prior to receipt to maintain the confidential, proprietary, trade secret nature of the information contained herein.

CONFIDENTIAL HANDLING REQUESTED

ID No. 05 - Projected Loss Ratio:

The projected loss ratio using the Federally prescribed MLR methodology for calendar year 2014 is 82.3%.

Claims	84.6%
Reinsurance Recoveries	-11.2%
Quality Improvements	0.2%
Risk Adjustment Payments	0.0%
Total MLR Claims	73.6%
Premium	100.0%
Premium Tax	-2.0%
Income Tax *	-4.6%
Reinsurance Fee	-1.1%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Risk Adjustment Fee	0.0%
Total MLR Premium	89.4%
MLR:	82.3%

* Income Tax is based on 35% *(Pre-Tax Income + Insurer Fees)

COLORADO
Sample Rate Calculations
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915

Example 1:

Copay Plan Silver A	Base Rate	367.70
Pueblo County	Plan Factor	x 1.000
Effective 01/01/2014	Age Factor	x 1.278
40-year-old insured, smoker	Tobacco Factor	x 1.150
	Area Factor	x 0.905
Monthly Premium		= \$489.07

Example 2:

HSA Plan Silver	Base Rate	367.70
Morgan County	Plan Factor	x 0.969
Effective 01/01/2014	Insured Age Factor	x 1.222
35-year-old insured, non-smoker	Area Factor	x 1.311
Insured Rate		= \$570.81
37-year-old spouse, smoker	Base Rate	367.70
15-year-old child, non-smoker	Plan Factor	x 0.969
	Spouse Age Factor	x 1.238
	Spouse Tobacco Factor	x 1.150
	Area Factor	x 1.311
Spouse Rate		= \$665.03
	Base Rate	367.70
	Plan Factor	x 0.969
	Child Age Factor	x 0.635
	Area Factor	x 1.311
Child Rate		= \$296.62
Monthly Premium		= \$1,532.46

COLORADO CONFIDENTIALITY INDEX
REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

1. Identification of Party Requesting Confidential or Privileged Status:

Name: Michelle L. Peters
Company: All Savers Insurance Company
Address: PO Box 19032
Green Bay, WI 54307-19032
Email Address: michelle_peters@goldenrule.com
Telephone: (920) 661-1252
Facsimile: (920) 661-9855

2. Identification of information or documents for which confidential or privileged status is requested. All of the columns must be completed.

ID No.	Description of Each Different Section or Page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (Cite legal authority)	Reason Why It Applies
01	[CO Actuarial Memo] §H. Relationship of Benefits to Premium	05/09/13	All Savers Insurance Company	Colorado Division of Insurance	C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's retention components would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.
02	[CO Actuarial Memo] §J. Provision for Profit and Contingencies	05/09/13	All Savers Insurance Company	Colorado Division of Insurance	C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's profit margins would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.
03	[CO Actuarial Memo] §K. Complete Explanation as to How the Proposed Rates were Determined	05/09/13	All Savers Insurance Company	Colorado Division of Insurance	C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's base rate development and rating methodology would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.
04	[CO Actuarial Memo] §L. Trend	05/09/13	All Savers Insurance Company	Colorado Division of Insurance	C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's pricing trend components would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.
05	[CO Actuarial Memo] §P. Benefits Ratio Projections	05/09/13	All Savers Insurance Company	Colorado Division of Insurance	C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's MLR components would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.

COLORADO
Actuarial Memorandum
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915

A. Summary:

Purpose of Rate Filing

Following is a rate filing prepared by All Savers Insurance Company. This filing is intended solely for the information of and use by your state's insurance department. It has been prepared according to Colorado Insurance Regulation 4-2-11 §6, as well as more recent guidance from the Colorado Division of Insurance. This filing will demonstrate compliance with Colorado laws and regulations and is not intended to be used for any other purpose.

The purpose of this rate filing is to file our initial rates for a true individual product to be made available through the Colorado Health Benefit Exchange (COHBE).

Marketing Method(s)

These policies will be available through the COHBE on or after October 1, 2013, for effective dates January 1, 2014 and later.

Premium Classifications

Premium is determined by plan, age (3:1 scale), tobacco-use (1.15:1), and place of residence upon premium due date. Attached is a rate manual which includes a monthly base rate and factors to adjust for these classifications. Adjustments are applied to all pricing categories.

Product Description

All plans cover the 10 categories of essential health benefits (EHBs) in accordance with the applicable EHB benchmark plan and federal law. Each plan covers a percentage, equal to the coinsurance level, of the covered inpatient and outpatient major medical expenses in excess of a selected deductible up to the out-of-pocket maximum, and 100% of covered expenses thereafter.

<u>Plan Name</u>	<u>Coinsurance Level</u>	<u>Deductible</u>	<u>Actuarial Value</u>
Copay Plan Platinum	90%	\$500	88.0%
Copay Plan Gold B	80%	\$1,000	78.3%
Copay Plan Gold C	80%	\$1,500	78.0%
Copay Plan Silver A	70%	\$2,500	69.0%
Copay Plan Silver C	80%	\$5,000	68.1%
Copay Plan Bronze A	80%	\$5,500	60.9%
HSA Plan Silver	100%	\$3,650	68.0%
HSA Plan Bronze	100%	\$6,350	58.0%
Catastrophic Plan	100%	\$6,350	N/A

Certain covered expenses are not subject to the base plan deductible and/or coinsurance but may be subject to a separate deductible and/or copay amounts. Deductibles are on a calendar year basis. There are additional limitations and exclusions for some specific services. For the HSA Plans, there are embedded individual deductibles as well as an overall family deductible on a family policy. The HSA deductibles may index annually based on federal tax qualification requirements. For the Catastrophic Plan, three primary care office visits are covered not subject to the deductible.

Policy Forms Impacted

GIP-X1-E-ASI-05, etc.

Age Basis

Premium varies on an attained-age basis.

Renewability

The policies are guaranteed renewable as defined by the Health Insurance Portability and Accountability Act of 1996 (HR3103) which was effective July 1, 1997.

B. Assumption, Acquisition or Merger

The products included in this filing were not part of an assumption, acquisition or merger.

C. Rating Period:

These policies will be available through the Colorado Health Benefit Exchange (COHBE) on or after October 1, 2013, for effective dates January 1, 2014 through December 31, 2014.

D. Underwriting:

These rates are intended to be used for policies issued on a guarantee issue basis.

E. Effect of Law Changes:

These are new policy forms that have been formulated to comply with all state and federal rating requirements.

F. Rate History:

These are new policy forms. No rate history exists under these forms.

G. Coordination of Benefits:

The experience used in the development of these rates is net of appropriate coordination of benefit recoveries. Therefore, the rates reflect the necessary equitable reduction in premiums or costs to beneficiaries of such other insurance or contract rights.

H. Relationship of Benefits to Premium:

We are expecting the total retention percentage over the rating period to be 26.6% of premium. The specific components of our retention percentage are confidential. Please see Confidentiality Index ID No. 01.

I. Lifetime Loss Ratio:

This product was not priced using a lifetime loss ratio standard. This product was priced to comply with all state and federal requirements.

J. Provision for Profit and Contingencies:

The target underwriting gain for this product is 7.0% after-tax. Details of this calculation are confidential. Please see Confidentiality Index ID No. 02.

K. Complete Explanation as to How the Proposed Rates were Determined:

Following is an explanation for how each of the rating factors in the rate manual was determined.

Monthly Base Rate Development

Our starting monthly base rate, as indicated in the rate manual, is \$367.70. To develop our individual monthly base rate, we started with small group data from an affiliated carrier and made the appropriate adjustments to reach our final individual base rate. The specific assumptions used in the development of our monthly base rate are confidential. Please see Confidentiality Index ID No. 03. The monthly base rate level, as well as other pricing factors, will continue to be monitored and evaluated with changes proposed in the future as appropriate.

Plan Factor Development

The Copay Plan Silver A is the fixed reference plan selected as the basis for the AV Pricing Values (factor of 1.000). The variation in rating factors for the other plans is based on the actuarial value and cost-sharing design relative to the Copay Plan Silver A.

The medical plan price relativities were developed using the proprietary UnitedHealthcare pricing model. This model uses UnitedHealthcare nationwide experience data and is fully credible. Claims data is then projected to the pricing period based on national projections of utilization and unit costs. These projections are done at the service category (inpatient, outpatient, etc.) level. Benefit design parameters such as deductibles, copays, and coinsurance are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The plan specific adjustments to the market wide index rate do not reflect differences in health status or risk selection.

In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

Age Factor Development

Age factors follow the federally required 3:1 age curve.

Tobacco Factor Development

The tobacco factor is 1.15 for all ages.

Rating Area Factor Development

We set our area factors equal to that of affiliated small group products for the state of Colorado. This product will be available in the counties listed within the attached rate manual.

Index Rate Development

The Index Rate in the Unified Rate Review Template is the projected average allowed claims PMPM for essential health benefits, which we estimate is 100% of our expected allowed claims in the state of Colorado. As shown in the Unified Rate Review Template, the projected Index Rate for 2014 is \$593.28.

L. Trend:

Projected pricing trend has been calculated using Colorado small group and large group experience combined. The proposed pricing trend is 9.1%. Medical trend is about 7.5% and insurance trend is about 1.5% (these components are multiplicative). The components of our pricing trend assumption are confidential. Please see Confidentiality Index ID No. 04. Past data, various models, and business judgment of future economic developments are all used in estimating future trend.

M. Credibility:

There is no experience for these new forms. Thus, morbidity is based on guaranteed issue small group products from an affiliated carrier whose experience meets Colorado's standard for fully credible data.

N. Data Requirements:

These are new policy forms. No historical experience exists under these forms.

O. Side by Side Comparison:

These are new policy forms. No rate history exists under these forms.

P. Benefits Ratio Projections:

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2014 is 82.3%. The specific components of our benefits ratio projections are confidential. Please see Confidentiality Index ID No. 05.

Q. Other Factors:

The monthly base rate and factors to adjust for age, benefit design, geographic area and tobacco-use status are detailed in the rate manual provided. Support for these factors can be found in section K of this memorandum.


R. Rating Manuals and Underwriting Guidelines:

The rate manual used to calculate rates for this true individual product is included with this filing. These rates are intended to be used for policies issued on a guarantee issue basis. Therefore, there are no underwriting guidelines.

S. Actuarial Certification:

I, Michelle L. Peters, am a Director of Actuarial Services for UnitedHealthcare's Individual Line of Business, which includes All Savers Insurance Company's health insurance products marketed to individuals. I am a member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering statements of actuarial opinion, with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of your state, and the benefits are reasonable in relation to the premiums charged.


Michelle L. Peters, FSA, MAAA
Director, Actuarial Services

5/9/13
Date

This document contains information that consists of confidential, proprietary trade secrets under state and federal law. This information is exempt from disclosure under Exemption 4 of the U.S. Freedom of Information Act, 5 U.S.C. §552. It is also a trade secret or confidential commercial or financial information as defined in 45 CFR §5.65 and protected from disclosure under 45 CFR §§5.1 – 5.69, and 45 CFR §154.215 (i)(2). It is also strictly confidential and protected from disclosure by A.R.S. § 20-158. It may not be disclosed to any other person, including state or federal regulatory agencies, unless Golden Rule Insurance Company consents to the disclosure and the recipient agrees in writing prior to receipt to maintain the confidential, proprietary, trade secret nature of the information contained herein.

CONFIDENTIAL HANDLING REQUESTED

COLORADO

**Supporting Confidential Data
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915**

ID No. 01 - General Information:

Company Contact Information

Primary Contact Name: Michelle Peters

Primary Contact Telephone Number: (920) 661-1252

Primary Contact Email Address: michelle_peters@goldenrule.com

ID No. 02 - Credibility Manual Rate Development:

Data Adjustments

A key assumption in our manual rate development was the estimated morbidity differential between the individual and small group markets. Our judgment was that historical morbidity differentials for very small size employer groups versus the small group overall average would be an appropriate indicator for this morbidity differential. The chart below shows the historical experience of affiliated small group carriers for the following group size categories: 1-employee, 1-3 employees, and 1-50 employees. While historical morbidity for 1-employee groups could indicate a morbidity load of up to 100%, we have chosen an assumption that is closer to the load implied by experience for groups of 1-3 employees. We assumed morbidity for this product is 1.20 times that of a comparable small group product.

Colorado Experience

	Premium	Claims	Member Months	Premium PMPM	Claims PMPM	Loss Ratio	Claims vs 1-50 ees
1 ee	10,216,171	12,740,582	20,887	489	610	124.7%	1.92
1-3 ees	61,595,305	66,889,457	147,234	418	454	108.6%	1.43
1-50 ees	388,972,722	321,299,442	1,011,215	385	318	82.6%	

Morbidity Load Assumption 1.20

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ID No. 03 - Risk Adjustment and Reinsurance:

Projected Risk Adjustments (PMPMs)

We are assuming zero net payment for risk adjustments.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

We assume that the projected reinsurance recoveries net of reinsurance premium will be 11.93% of incurred claims. This amount was derived using 2012 individual Colorado experience, which was then trended to 2014. The recoveries were calculated using the 2014 reinsurance parameters, as published on 03/11/2014 in the Federal Register.

ID No. 04 - Non-Benefit Expenses and Risk Margin:

Administrative Expenses

The 9.07% Administrative Expense Load in Worksheet 1 includes commissions, quality improvements, and SG&A.

1. Commissions: The COHBE has expressed that individual membership acquired through brokers is assumed to be 25% of total sales. Assuming average commissions are 10% of commissionable earnings, then 2.5% of the *total premium* is allocated for commissions (i.e. $25\% \times 10\% = 2.5\%$).
2. Quality Improvements: We assumed a 0.2% adjustment for quality improvement expenses based on data from an affiliated carrier.
3. SG&A: We assume our general and administrative expenses will be similar to our affiliated small group carriers, which is estimated to be approximately \$30.42 per member per month. For this product in the state of Colorado, this equates to approximately 6.37% of premium for 2014.

This document contains information that consists of confidential, proprietary trade secrets under state and federal law. This information is exempt from disclosure under Exemption 4 of the U.S. Freedom of Information Act, 5 U.S.C. §552. It is also a trade secret or confidential commercial or financial information as defined in 45 CFR §5.65 and protected from disclosure under 45 CFR §§5.1 – 5.69, and 45 CFR §154.215 (i)(2). It is also strictly confidential and protected from disclosure by A.R.S. § 20-158. It may not be disclosed to any other person, including state or federal regulatory agencies, unless Golden Rule Insurance Company consents to the disclosure and the recipient agrees in writing prior to receipt to maintain the confidential, proprietary, trade secret nature of the information contained herein.

CONFIDENTIAL HANDLING REQUESTED

Profit & Risk Margin

The target underwriting gain is 7.0% after-tax. Please see the chart below for more details.

Premium	100.0%
Claims	-84.6%
Reinsurance Recoveries	11.2%
Quality Improvements	-0.2%
Risk Adjustment Payments	0.0%
Premium Tax	-2.0%
Reinsurance Fee	-1.1%
Risk Adjustment User Fee	0.0%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Commission	-2.5%
SG&A	-6.4%
Pre-Tax Income:	11.5%
Income Tax *	-4.6%
After-Tax Income:	7.0%

** Income Tax is based on 35% *(Pre-Tax Income + Insurer Fees)*

Taxes and Fees

The 9.47% Taxes and Fees in Worksheet 1 includes premium tax, insurer fees, risk adjustment fees, exchange fees, and federal income tax.

1. Premium Tax: The premium tax rate is 2.00% in the state of Colorado.
2. Insurer Fees: This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$8B in 2014 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on earned health insurance premiums in the prior year, with certain exclusions. UnitedHealthcare (parent company of All Savers Insurance Company) estimates 1.50% of 2014 premium will be allocated for insurer fees.
3. Risk Adjustment Fees: The HHS Notice of Benefit and Payment Parameters includes a section on risk adjustment user fees and specifies a \$0.08 per member per month user fee for the benefit year 2014. For this product in the state of Colorado, this equates to approximately 0.02% of premium for 2014.
4. Exchange Fees: The COHBE Board approved a 1.40% user fee on all policies sold in the exchange
5. Federal Income Tax: Income tax results in 4.55% of premium and is calculated as 35% * (Pre-Tax Income + Insurer Fees), since insurer fees are not tax deductible.

This document contains information that consists of confidential, proprietary trade secrets under state and federal law. This information is exempt from disclosure under Exemption 4 of the U.S. Freedom of Information Act, 5 U.S.C. §552. It is also a trade secret or confidential commercial or financial information as defined in 45 CFR §5.65 and protected from disclosure under 45 CFR §§5.1 – 5.69, and 45 CFR §154.215 (i)(2). It is also strictly confidential and protected from disclosure by A.R.S. § 20-158. It may not be disclosed to any other person, including state or federal regulatory agencies, unless Golden Rule Insurance Company consents to the disclosure and the recipient agrees in writing prior to receipt to maintain the confidential, proprietary, trade secret nature of the information contained herein.

CONFIDENTIAL HANDLING REQUESTED

ID No. 05 - Projected Loss Ratio:

The projected loss ratio using the Federally prescribed MLR methodology for calendar year 2014 is 82.3%.

Claims	84.6%
Reinsurance Recoveries	-11.2%
Quality Improvements	0.2%
Risk Adjustment Payments	0.0%
Total MLR Claims	73.6%
Premium	100.0%
Premium Tax	-2.0%
Income Tax *	-4.6%
Reinsurance Fee	-1.1%
Insurer Fee	-1.5%
Exchange Fee	-1.4%
Risk Adjustment Fee	0.0%
Total MLR Premium	89.4%
MLR:	82.3%

** Income Tax is based on 35% *(Pre-Tax Income + Insurer Fees)*

All Savers Insurance Company

Form Numbers: GIP-X1-E-ASI-05, etc.

Rate Pages for State of Colorado Form Filing

For Policies Effective January 1, 2014 and Later

All Savers Insurance Company

PREMIUM CALCULATIONS

Calculated Medical Premium

For each person:

Medical Premium(monthly) = RDC of

Base Rate
x Plan Factor
x Age Factor
x Tobacco Factor (if applicable)
x Area Factor

RDC = Round to 2 decimals

Sum the Medical Premium for all persons to be covered. This Subtotal is the Calculated Medical Premium.

Note: Only the 3 oldest dependent children under the age of 21 will be included in the premium calculation.

Total Monthly Premium = Sum of all family member rates for all benefits

Total Quarterly Premium = Total Monthly Premium * 3

****Notes****

There is an administrative fee for processing checks returned for non-sufficient funds.

This will only be imposed after the insured has received written notice of the fee.

All Savers Insurance Company

Monthly Base Rate	\$367.70
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Designation	Plan	Deductible	Coinsurance	AV Calculated	Metal/Cat	Plan Factor
Platinum	Copay Plan	\$500	90%	88.0%	Platinum	1.354
Gold B	Copay Plan	\$1,000	80%	78.3%	Gold	1.099
Gold C	Copay Plan	\$1,500	80%	78.0%	Gold	1.137
Silver	HSA Plan	\$3,650	100%	68.0%	Silver	0.969
Silver A	Copay Plan	\$2,500	70%	69.0%	Silver	1.000
Silver C	Copay Plan	\$5,000	80%	68.1%	Silver	0.989
Bronze	HSA Plan	\$6,350	100%	58.0%	Bronze	0.850
Bronze A	Copay Plan	\$5,500	80%	60.9%	Bronze	0.927
Catastrophic	Plan 100	\$6,350	100%	N/A	Catastrophic	0.830

All Savers Insurance Company

Age	Age Factors	Tobacco Factors
<=20	0.635	1.15
21	1.000	1.15
22	1.000	1.15
23	1.000	1.15
24	1.000	1.15
25	1.004	1.15
26	1.024	1.15
27	1.048	1.15
28	1.087	1.15
29	1.119	1.15
30	1.135	1.15
31	1.159	1.15
32	1.183	1.15
33	1.198	1.15
34	1.214	1.15
35	1.222	1.15
36	1.230	1.15
37	1.238	1.15
38	1.246	1.15
39	1.262	1.15
40	1.278	1.15
41	1.302	1.15
42	1.325	1.15
43	1.357	1.15
44	1.397	1.15
45	1.444	1.15
46	1.500	1.15
47	1.563	1.15
48	1.635	1.15
49	1.706	1.15
50	1.786	1.15
51	1.865	1.15
52	1.952	1.15
53	2.040	1.15
54	2.135	1.15
55	2.230	1.15
56	2.333	1.15
57	2.437	1.15
58	2.548	1.15
59	2.603	1.15
60	2.714	1.15
61	2.810	1.15
62	2.873	1.15
63	2.952	1.15
64+	3.000	1.15

All Savers Insurance Company

State	Rating Area	County	Area Factor
CO CO CO	Rating Area 3	Clear Creek Gilpin Park	0.918
CO	Rating Area 7	Pueblo	0.905
CO CO	Rating Area 8	Alamosa Baca Bent Chaffee Cheyenne Conejos Costilla Crowley Custer Fremont Huefano Kiowa Kit Carson Las Animas Lincoln Mineral Otero Prowers Rio Grande Saguache	1.235
CO CO CO CO CO CO	Rating Area 9	Logan Morgan Phillips Sedgwick Washington Yuma	1.311
CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO CO	Rating Area 10	Archuleta Delta Dolores Grand Gunnison Hinsdale Jackson La Plata Lake Moffat Montezuma Montrose Ouray Rio Blanco Routt San Juan San Miguel	1.308

COLORADO
Part III - Federal Actuarial Memorandum (URRT)
All Savers Insurance Company
NAIC Number: 0707-82406
FEIN: 35-1665915

Purpose

Following is a rate filing prepared by All Savers Insurance Company. This filing has been prepared to provide the necessary information required by the Department of Health & Human Services.

The purpose of this actuarial memorandum is to provide information relevant to Part I - Unified Rate Review Template (URRT).

This memorandum is intended solely for the information of and use by the Department of Health & Human Services and the Colorado Division of Insurance. It will demonstrate compliance with state and federal laws and regulations and is not intended to be used for any other purpose.

General Information

Company Identifying Information

Company Legal Name: All Savers Insurance Company

Company State: Colorado

HIOS Issuer ID: 92137

Market: Individual

Effective Date: 01/01/2014

Company Contact Information

This information is confidential. Please see Confidentiality Index ID No. 01.

Proposed Rate Increase(s)

This is an initial filing. No rate increase is requested at this time.

Experience Period Premium and Claims

All Savers Insurance Company has no existing individual market blocks of business in Colorado. Therefore, no historical claims experience exists. Since the Unified Rate Review Template requires entry of data in this section, amounts of \$1 were entered so that the spreadsheet data could be validated and submitted.

Benefit Categories

All Savers Insurance Company has no existing individual market blocks of business in Colorado. Therefore, no historical claims experience exists.

Projection Factors

All Savers Insurance Company has no existing individual market blocks of business in Colorado. Therefore, no historical claims experience exists and no adjustment factors were applied.

Credibility Manual Rate Development

Data Used – Source and Appropriateness

These rates are intended to be used on a guarantee issue basis. As All Savers Insurance Company does not have any relevant historical experience for individual medical guarantee issue products, we relied on the guarantee issue claims experience and rate development of affiliated small group carriers to develop the credibility manual rate.

The experience used in the development of these rates is net of the appropriate coordination of benefit recoveries. Therefore, the rates reflect the necessary equitable reduction in premiums or costs to beneficiaries of such other insurance or contract rights.

Data Adjustments

A key assumption in our manual rate development was the estimated morbidity differential between the individual and small group markets. Details of this assumption are confidential. Please see Confidentiality Index ID No. 02.

Credibility of Experience

All Savers Insurance Company has no existing individual market business, so zero credibility is applied to the base period experience. We believe that the affiliated small group experience used for developing the manual rates for this product to be fully credible. We did not use a specific credibility formula for this determination, but rather informed actuarial judgment. As ASOP 25, section 3.4 states: “Informed Actuarial Judgment - Any credibility procedure requires the actuary to exercise informed judgment, using relevant information. The use of credibility procedures is not always a precise mathematical process.” In addition, the small group experience meets the Colorado requirements for full credibility.

Paid To Allowed Ratio

A paid-to-allowed ratio was estimated for each plan by trending small group claims experience to 2014 and accounting for the variation in cost-sharing parameters. These ratios were then weighted by the projected membership per plan to calculate the paid-to-allowed average factor shown in Worksheet 1.

Risk Adjustment and Reinsurance

Details of these assumptions are confidential. Please see Confidentiality Index ID No. 03.

Non-Benefit Expenses and Risk Margin

Details of these assumptions are confidential. Please see Confidentiality Index ID No. 04.

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology for calendar year 2014 is 82.3%. Details of this calculation are confidential. Please see Confidentiality Index ID No. 05.

Index Rate

The Index Rate is the allowed claims PMPM for essential health benefits, which we estimate is 100% of our expected allowed claims in the state of Colorado. As shown in the Unified Rate Review Template, the projected Index Rate for 2014 is \$593.28.

AV Metal Values

The AV Metal Values were entirely based on the AV Calculator. No alternative methodology was used.

AV Pricing Values

The Copay Plan Silver A is the fixed reference plan selected as the basis for the AV Pricing Values (factor of 1.000). The variation in rating factors for the other plans is based on the actuarial value and cost-sharing design relative to the Copay Plan Silver A.

The medical plan price relativities were developed using the proprietary UnitedHealthcare pricing model. This model uses UnitedHealthcare nationwide experience data, and is fully credible. Claims data is then projected to the pricing period based on national projections of utilization and unit costs. These projections are done at the service category (inpatient, outpatient, etc.) level. Benefit design parameters such as deductibles, copays, and coinsurance are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences.

In order to preserve consistency, the same claims experience and projection assumptions are applied to all plan relativity calculations. The plan specific adjustments to the market wide index rate do not reflect differences in health status or risk selection.

Membership Projections

Since this is a new product with no historical experience, membership was estimated based on informed judgment.

Terminated Products

No products are being terminated. All Savers Insurance Company has no existing individual market business.

Plan Type

We have selected a plan type of EPO for each plan, which describes the plans exactly.

Warning Alerts

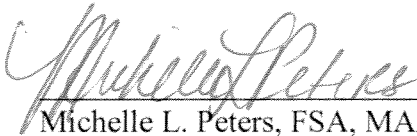
There is one Warning Alert in Section IV of Worksheet II. We are reporting the Total Allowed Claims in Worksheet II before the reinsurance recoveries and risk adjustment payments. The amount from Worksheet I is shown after these adjustments have been made.

Actuarial Certification

I, Michelle L. Peters, am a Director of Actuarial Services for United Healthcare's Individual Line of Business, which includes All Savers Insurance Company's health insurance products marketed to individuals. I am a member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment:

- The projected Index Rate is in compliance with all applicable State and Federal Statutes and Regulations, and it was developed in compliance with the applicable Actuarial Standards of Practice.
- The benefits are reasonable in relation to the premiums charged and the population anticipated to be covered. In addition, premiums are not inadequate, excessive, or unfairly discriminatory.
- Only the allowable modifiers were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values for the metal level plans.
- The Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges, and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



Michelle L. Peters, FSA, MAAA
Director, Actuarial Services



Date

COLORADO CONFIDENTIALITY INDEX
REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

1. Identification of Party Requesting Confidential or Privileged Status:

Name: Michelle L. Peters
Company: All Savers Insurance Company
Address: PO Box 19032
Green Bay, WI 54307-19032
Email Address: michelle_peters@goldenrule.com
Telephone: (920) 661-1252
Facsimile: (920) 661-9855

2. Identification of information or documents for which confidential or privileged status is requested. All of the columns must be completed.

ID No.	Description of Each Different Section or Page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (Cite legal authority)	Reason Why It Applies
01	[Part III - Federal Actuarial Memorandum] § General Information	05/09/13	All Savers Insurance Company	Colorado Division of Insurance	45 CFR 5.65 and C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Contact information is strictly confidential.
02	[Part III - Federal Actuarial Memorandum] § Credibility Manual Rate Development	05/09/13	All Savers Insurance Company	Colorado Division of Insurance	45 CFR 5.65 and C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's morbidity assumptions would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.
03	[Part III - Federal Actuarial Memorandum] § Risk Adjustment and Reinsurance	05/09/13	All Savers Insurance Company	Colorado Division of Insurance	45 CFR 5.65 and C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's risk adjustment and reinsurance recovery assumptions would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.
04	[Part III - Federal Actuarial Memorandum] § Non-Benefit Expenses and Risk Margin	05/09/13	All Savers Insurance Company	Colorado Division of Insurance	45 CFR 5.65 and C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's expense assumptions would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.
05	[Part III - Federal Actuarial Memorandum] § Projected Loss Ratio	05/09/13	All Savers Insurance Company	Colorado Division of Insurance	45 CFR 5.65 and C.R.S. § 24-72-204(3)(a)(IV) (CO-FOIA)	Disclosure of our Company's MLR components would allow competitors to view confidential company specific information and might contribute to unfair competitive advantage.